

**NATIONAL PRACTITIONER DATA BANK (NPDB)
AND
HEALTHCARE INTEGRITY AND PROTECTION
DATA BANK (HIPDB)
INTERFACE CONTROL DOCUMENT (ICD) FOR ADVERSE
ACTION REPORT (AAR) TRANSACTIONS**

Version 1.13

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Health Resources & Services Administration
Bureau of Health Professions
Office of Workforce Evaluation and Quality Assurance
Practitioner Data Banks Branch
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SUMMARY OF CHANGES – VERSION 1.13

Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) Transactions version 1.13. Effective July 31, 2006, this ICD version 1.13 replaces version 1.12. The changes in this version are indicated below:

- Added new error codes 71, 72, 73, and AF. See Section 4, List N.
- Added submission file name length limitation. See Section 2.3.

SUMMARY OF CHANGES – VERSION 1.12

Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) Transactions version 1.12. Effective May 8, 2006, this ICD version 1.12 replaces version 1.11. The changes in this version are indicated below:

- The Data Banks' Web site is now located at www.npdb-hipdb.hrsa.gov. The Data Banks are using a .gov domain name to help prevent fraud by showing Data Banks' users that the NPDB-HIPDB Web site is under the Government-run domain. Please update your Internet bookmarks to reference the .gov address for the Data Banks' Web site. NPDB-HIPDB Web site references in this document now refer to the new Web site address.
- Due to the NPDB-HIPDB Web site address change, all ITP and QRXS client programs must be upgraded to a new version. Updated client programs are now available on the NPDB-HIPDB Web site. While the current versions of the ITP and Querying and Reporting XML Service (QRXS) client programs will continue to function for a limited time, all ITP and QRXS users must upgrade their client program to the new version no later than September 18, 2006.

SUMMARY OF CHANGES – VERSION 1.11

Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) Transactions version 1.11. Effective October 17, 2005, this ICD version 1.11 replaces version 1.10, which provided six months advance notice for format changes that also became effective October 17, 2005.

Rules of Behavior

- Added an appendix that describes the Rules of Behavior. See Appendix B.

Occupation/Field of Licensure Codes

- Modified the category title Nurses Aide/Home Health Aide to Nurse Aide, Home Health Aide and Other Aide. See Section 4, List C-1.
- Added the new codes 148, 165, 175 under category Nurse Aide, Home Health Aide and Other Aide. See Section 4, List C-1.
- Added the new code 470 under category Speech, Language, and Hearing Service Provider. See Section 4, List C-1.

Error Codes

- Added new error codes and removed unused error codes. See Section 4, List N.

SUMMARY OF CHANGES – VERSION 1.10

Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) Transactions version 1.10. Effective October 17, 2005, this ICD version 1.10 replaces version 1.09. The changes in this version are indicated below:

Header Data Record (HDR)

- Field version number (VER_NUM) width increased to 5 and value changed from R7.0 to R8.0. Response files will use R8.0 in the VER_NUM field to indicate the ICD version. Submission files should also use R8.0. See Table 3-13.

Individual Taxpayer Identification Number Data Record (ITIN)

- This data record is now required for reports submitted via ITP and diskette. See Table 3-17.

Affiliations Data Record (AFF)

- Data requirements for the record have been updated. See Table 3-4.

Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL) and Organization Subject State License Number Data Record (ESLN)

- State codes are now limited to U.S. States and Territories. State codes, AA (Central and South America), AE (Europe), and AP (Pacific), are no longer accepted. See Section 4, List A-1.

Error Codes

- Removed unused error codes. See Section 4, List N.

SUMMARY OF CHANGES – VERSION 1.09

Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) Transactions version 1.09. Effective July 11, 2005, this ICD version 1.09 replaces version 1.08. The changes in this version are indicated below:

- Added guidance for submitting the Action Date (CAAR). Action Date may not be a future date, See Table 3-3.
- Added guidance for submitting Individual Deceased flag (ISUBJ). The Deceased flag may be “U” for unknown. See Table 3-14.

SUMMARY OF CHANGES – VERSION 1.08

Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) Transactions version 1.08. Effective January 31, 2005, this ICD version 1.08 replaces version 1.07. The changes in this version are indicated below:

- Added Adverse Action Classification Code 1145 (Voluntary Surrender of License) to the list of available Adverse Action Classification Codes for Federal and State Licensure Revision Actions. See Section 4, List G-4.
- Added Adverse Action Classification Code 1635 (Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct) to the list of available Adverse Action Classification Codes for Clinical Privilege(s) Revision Actions. See Section 4, List G-1.
- The description of the Exclusion or Debarment action has been updated. See Section 4, List M.
- Added guidance for submitting the Other Name(s) Used Data Record (ALIAS). See Table 3-22.

- Added guidance for submitting the Professional School Data Record (GRAD). See Table 3-26.

SUMMARY OF CHANGES – VERSION 1.07

Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) Transactions version 1.07. Effective February 2, 2004, this ICD version 1.07 replaces version 1.05. ICD version 1.06 has not been publicly released; users should refer to this version for information on submitting AAR reports. For report and query submission prior to February 2, 2004, readers should refer to version 1.05 of the Interface Control Document for Adverse Action Report Transactions available at <http://www.npdb-hipdb.com>. The changes in this version are indicated below:

Adverse Action Report Data Record (CAAR)

- Clarified AAR_ACTION_LENGTH_TYPE, AAR_ACTN_YEARS, AAR_ACTN_MNTHS, and AAR_ACTN_DAYS field descriptions. See Table 3-3.

Customer Use Data Record (CUSE)

- This data record is now required for reports submitted via diskette. See Table 3-8.

Entity Data Record (ENTY)

- The Entity Data Record has been removed from report submissions and responses.

Entity Internal Report Reference Data Record (ER)

- This new data record has been added to allow your entity to include an internal file number or other reference information to help you identify this report in your files. The ER Data Record is present in report submissions and responses. See Table 3-10.

Header Data Record (HDR)

- The NPDB-HIPDB will no longer require extra fields in the HDR Data Record for ITP submissions. The HDR Data Record requirements for ITP and diskette submissions are now identical. Response files will use R7.0 in the VER_NUM field to indicate the ICD version. Submission files should also use R7.0. See Table 3-13.

Report Statement Data Record (RSDR)

- The SUBJECT_STMT_DT, SUBJECT_STMT_DT_STATUS, SECRETARY_STMT_DT, and SECRETARY_STMT_DT_STATUS fields have been added to this data record in order to indicate when the report subject entered the statement, and if the report was reviewed by the Secretary of the HHS, when this review took place. See Table 3-28.

Trailer Data Record (TRLR)

- The CHECKSUM field has been removed from the data record, as NPDB-HIPDB no longer requires the computation of a checksum. See Table 3-32.

Descriptions for the following data records have been updated to more clearly explain the format of repeating data elements:

- Affiliations Data Record (AFF). See Table 3-4.

- Basis for Action Data Record (BACTN). See Table 3-5.
- Clinical Laboratory Improvement Act Data Record (CLIA). See Table 3-7.
- Drug Enforcement Administration Data Record (DEA). See Table 3-9.
- Federal Employer Identification Number Data Record (FEIN). See Table 3-11.
- Food and Drug Administration Number Data Record (FDA). See Table 3-12.
- Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL). See Table 3-15.
- Individual Supplemental Information Data Record (ISUPPL). See Table 3-16.
- Medicare Provider/Supplier Number Data Record (MEDICAREP). See Table 3-17.
- National Provider Identifier Data Record (NPI). See Table 3-18.
- Organization Subject State License Number Data Record (ESLN). See Table 3-20.
- Organization Supplemental Information Data Record (ESUPPL). See Table 3-21.
- Other Name(s) Used Data Record (ALIAS). See Table 3-22.
- Other Organization Name(s) Used Data Record (OENAM). See Table 3-23.
- Principal Officers and Owners Data Record (POO). See Table 3-25.
- Professional School Data Record (GRAD). See Table 3-26.
- Social Security Number Data Record (SSN). See Table 3-31.
- Unique Physician Identification Number (UPIN). See Table 3-34.

Error Codes

- The description of error code 42 has changed. See Section 4, List N.
- New error codes AC, J1, J2, J3, J4, J5, M0, M1, M2, M3, M4, M5, M6, M7, M8, M9, MA, MB, MC, MD, ME, MF, and MG have been added. See Section 4, List N.
- Error code 04 has been retired. See Section 4, List N.

SUMMARY OF CHANGES – VERSION 1.05

Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) Transactions version 1.05. Effective September 9, 2002, this ICD version 1.05 replaces version 1.04. The changes in this version are indicated below:

- The NPDB-HIPDB will now accept submissions containing either a null character or a tilde character as field delimiters. Responses to submission files containing null character field delimiters will likewise contain null character as field delimiters. Responses to submission files containing tilde field delimiters will likewise contain tilde field delimiters. See Section 2.2 for details.
- Added guidance for submitting foreign and military addresses. See Section 4, List A-1.

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1. Overview

1.1 Introduction

This Interface Control Document (ICD) provides information concerning the format, structure, and content of electronic files for submitting Adverse Action Reports (AARs) via the ICD Transfer Program (ITP) or on diskette to the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

There are three methods for submitting reports to the NPDB-HIPDB:

- Interactively via the Internet using the Integrated Querying and Reporting Service (IQRS).
- Through an electronic transaction file submission, the ITP with data provided in the format specified in this ICD.
- Through an Extensible Markup Language (XML) transaction file submission, the Querying and Reporting XML Service (QRXS) with data provided in the format specified in *Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions*, available at www.npdb-hipdb.hrsa.gov/qrxs.html. For new users that wish to submit Adverse Action Reports electronically, the QRXS is the recommended method.

The IQRS is the primary method of report submission. The IQRS allows reporters to submit single reports through a web-based interface using a browser. In addition, users can create draft versions of reports prior to submission. The IQRS also provides data validation capabilities and allows maintenance of a subject database for subsequent query or report submissions. Submission by ITP is an alternative for those reporters who generate reports from custom (third-party) software or other special purpose software. Reporters without Internet access may submit transactions on diskette in the data format specified in this ICD. However, unlike those submitting electronic transaction files, diskette reporters will receive paper responses from the NPDB-HIPDB.

Actions submitted in the AAR format that are reportable to the NPDB include State licensure actions taken against physicians and dentists, as well as clinical privileges and professional society membership actions taken against health care practitioners. Actions submitted in the AAR format that are reportable to the HIPDB include Federal and State licensure and certification actions; Government health care program certification actions; exclusions from Federal and State health care programs; and other adjudicated actions or decisions as established by regulation (including actions taken by health plans and Federal and State agencies).

To report to the NPDB, an entity must be authorized under Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended, and 45 CFR Part 60, and must be registered with the NPDB. To report to the HIPDB, an entity must be authorized under Section 1128E of the *Social Security Act* and 45 CFR Part 61, and must be registered with the HIPDB. Attempts to access the Data Banks by unauthorized entities or persons are punishable by fine and/or imprisonment under Federal statute. Do not attempt to access the Integrated Querying and Reporting Service (IQRS) or use this document until you are properly registered with the NPDB-HIPDB.

This document should be used only for submitting (i.e., reporting) AARs to the NPDB, the HIPDB, or both. Health care-related criminal convictions and civil judgments that are reportable to the HIPDB must be submitted using the ICD for Judgment or Conviction Reports (JOCR) Transactions. Medical Malpractice Payment Reports (MMPR) must be submitted to the NPDB using the ICD for MMPR Transactions. These ICDs are available at <http://www.npdb-hipdb.hrsa.gov>. To query the NPDB, the HIPDB, or both Data Bank(s), you may use the ICD for Query Transactions available at the previously specified URL. Only authorized and registered users are permitted to query the Data Bank(s).

Use of the procedures outlined in this ICD implies acceptance of the Disclaimer in Appendix A and the Rules of Behavior in Appendix B. Should you have questions concerning your responsibilities, please contact the Customer Service Center immediately as specified in Section 1.4, Contact Information.

1.2 Types of Reports

All transaction files submitted to the Data Bank(s) must have a transaction code. This code is a two-character identifier that determines the type of transaction, the format and structure of the transaction file, and how the file is processed. An AAR transaction file must include one of the transaction codes from Section 4, List O in the TRANS_CD field of its Header Data Record. Based on statutory and regulatory requirements, Notice of Appeal transactions should be submitted only for Licensure, Exclusion/Debarment, Health Plan, and Government Administrative actions.

The types of reports are defined as follows:

- **Initial:** The first record of an adverse action submitted to and processed by the Data Bank(s). An Initial Report is the current version of the report until a Revision to Action, Correction, Void, or Notice of Appeal is submitted.
- **Correction:** A report that corrects an error or omission in an existing report. A Correction will supersede the contents of a current version of a report in the Data Bank(s). It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary. Note: You may not correct a Revision to Action report. To correct a Revision to Action report, you must first void the Revision to Action report, and then resubmit it.
- **Void:** The retraction of a report in its entirety from the Data Bank(s). The report is removed from the subject's disclosable record.
- **Revision to Action:** A new report that relates to and modifies a previously reported adverse action, (e.g., reinstatement of a license, extension of an exclusion from a Government program, restrictions of clinical privileges lifted, previously stayed license revocation imposed, etc.). Note: To correct a Revision to Action report, you must first void the Revision to Action report, and then resubmit it.
- **Notice of Appeal:** A report notifying the HIPDB that a subject has formally appealed a previously reported adverse action. Reporting entities must submit a Notice of Appeal whenever a previously reported adverse action is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report. There is no legal requirement for this type of report to be submitted to the NPDB.

1.3 Submission of Reports to the NPDB-HIPDB

This ICD specifies the data elements (variables), data types, acceptable values and codes, organization, and format for submitting AARs to the NPDB-HIPDB system by the ITP (as well as on diskette) and for

interpreting (i.e., parsing) electronic transaction responses received from the ITP. ITP files and diskettes submitted to the NPDB-HIPDB system will be validated against the specifications in this document, which may be amended from time to time. All mandatory fields must be completed, and only values specified in this ICD may be used in coded fields. The party submitting a transaction file or diskette to the NPDB-HIPDB is solely responsible for ensuring that the file adheres to the format specified in this ICD. Any file that deviates from these specifications will be rejected.

1.3.1 The ICD Transfer Program (ITP)

ICD files are transferred electronically to and from the NPDB-HIPDB system via the ITP. ITP instructions and necessary files are available for download from the NPDB-HIPDB Web site at <http://www.npdb-hipdb.hrsa.gov>. For security, all data is transmitted over a secure socket layer (SSL) connection.

1.3.2 Diskettes

Reporters who do not have Internet access may submit reports via diskette. The NPDB-HIPDB encourages entities to use either the IQRS or the ITP, because responses are returned to the reporting entity within two to four hours, thus improving efficiency. When submitting reports on diskette, each report transaction must be submitted in a separate file in the root directory of a DOS-formatted diskette. All verification documents generated are returned on paper, but not electronically. Diskette submissions should be mailed to the following address:

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, Virginia 20153-0832

1.4 Contact Information

To receive advance notice of ICD news and system changes, please consider joining our mailing list. To join the mailing list, simply send an e-mail to npdb-hipdb@sra.com requesting to join the ITP Users mailing list.

For specific questions concerning registration or NPDB-HIPDB reporting requirements contact the NPDB-HIPDB Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD 703-802-9395). Only authorized and registered users may report to or query the Data Bank(s). The *Entity Registration* form, information regarding NPDB-HIPDB policies and procedures, and the ICDs are available at <http://www.npdb-hipdb.hrsa.gov>.

1.5 Document Organization

This document is organized into five sections and two appendices.

Section 1, Overview, contains a brief description of the ICD.

Section 2, Transaction File Formats, contains the submission and response file formats for Initial, Correction, Revision to Action, Void and Notice of Appeal Transaction Files for Individual and Organization Subjects, respectively.

Section 3, Transaction File Data Records, contains the format for and the contents of the submission and

response files.

Section 4, Adverse Action Report Code Lists, contains lists of the AAR codes that are to be used in the transaction files.

Section 5, Sample Files, contains examples of submission and response files.

Appendix A, Disclaimer, specifies the terms and conditions for using this ICD. This appendix defines the limit of responsibility for the information contained in and the use of this ICD.

Appendix B, Rules of Behavior, specifies the conditions that must be followed to gain access and obtain information from and report to the NPDB-HIPDB system.

2. Transaction File Formats

2.1 Introduction

Reports sent to the NPDB-HIPDB system are referred to as submission files. Responses sent by the Data Bank(s) to each reporter who submitted a report (via electronic transaction file) are referred to as response files. This Introduction section (Section 2.1) provides general information regarding formatting conventions used in this document. Section 2.2 describes the construction of data records. Section 2.3 provides the file formats for submission files sent to the NPDB-HIPDB system. Section 2.4 provides the file format for receiving response files from the NPDB-HIPDB system.

The data records that comprise a file depend on the type of transaction submitted. The Header Data Record of each file, which is the first data record in any report, identifies the type of transaction and the file submission method; the remaining records in the file are processed based on the specific format for that transaction type. Following the Header Data record are the mandatory records for the specific report type.

2.2 Construction of Data Records

All electronic transaction files submitted to the Data Bank(s) consist of predefined, labeled data records with positional data values. Each electronic file begins with a Header Data Record and ends with a Trailer Data Record. Examples of the Header Data Record and Trailer Data Record are shown below:

Example Header Data Record:

HDR~123456789012345~Password~A2~R8.0~FILENAME~10152003~~userid~

Example Trailer Data Record:

TRLR~

The other data records that make up a file depend on the type of transaction submitted, the type of subject, and the type of submitter (i.e., entities should only report the types of actions that they are authorized to submit). For example, the transaction file format for submitting an Initial State Licensure AAR on an individual subject contains a different set of data records than the transaction file format for voiding a previously submitted Exclusion/Debarment AAR on an organization subject. The Header Data Record of each file identifies the type of transaction, and the remaining records in the file are processed based upon the specific format for that transaction type.

The tilde character, for which the ASCII value is 126 (decimal), is required to act as a field delimiter to separate fields within a data record. **Data elements should not contain the tilde character; use of the tilde character for any purpose other than as a field delimiter will result in the rejection of the transaction.** Data records within a transaction file must begin with a record tag followed by a tilde, succeeded by the rest of the data fields for the record. Each data record must be separated by a tilde and end with a terminating tilde and a newline (also called a line feed) character. This document uses “\n” to denote the end of a record. The “\n” represents the newline character, for which the ASCII value is 10 (decimal), that should appear in the file. **Actual transaction files should not use the characters “\” and “n” to indicate the end of a record.**

If preferred, the NULL character, for which the ASCII value is 0 (decimal) may be used in place of the tilde as a field delimiter; however, note that a transaction file must use either the NULL or tilde exclusively throughout the file.

Below is an example of a Certification Data Record using tilde field delimiters.

CERT~JANE Q SMITH~PARALEGAL~5554443333~10152003~\n

The diagram shows the record 'CERT~JANE Q SMITH~PARALEGAL~5554443333~10152003~\n' with arrows pointing to specific parts and labels: 'Beginning record tag for the certification data record' points to 'CERT'; 'Leading tilde' points to the first '~'; 'Data Elements' points to the fields 'JANE Q SMITH', 'PARALEGAL', and '5554443333'; 'Optional field was left blank, but tilde delimiter is still included' points to the '~' before '10152003'; 'Terminating tilde' points to the '~' before '\n'; and 'Newline/line feed' points to '\n'.

Data fields that are “mandatory if known” may be left blank, but **must** have adjacent field delimiters separating them; all other fields must be completed. When the Data Bank(s) receive a report via ITP, the request is processed, and the report response is sent back to the reporting organization in the secure manner in which it was received. The subject of the report will receive paper notification. If the NPDB-HIPDB computer system rejects a report, it electronically sends a rejection notice to the reporting organization, detailing reasons for the rejection.

The “CERT” in the example above is a record tag. All tags are required, even if no other data are associated with the data record. If no other data are provided for a record that includes a tag field, the data record should include only the tag, the terminating field delimiter, and the newline character.

2.3 Submission (Input) File Formats

This section provides the file formats for AAR submissions to the Data Bank(s). Different data records are required for reports on individual subjects and reports on organization subjects. Section 2.3.1 describes the formats for submitting reports on individuals. Section 2.3.2 describes the formats for reports on organizations. **Note that submission file names must not exceed 30 characters in length.**

2.3.1 Individual Subject Submission File Formats

This section provides the submission file formats for report transactions involving individual subjects. Table 2-1 denotes the order in which the data records for Initial, Correction and Revision to Action file formats. Table 2-2 denotes the order in which the data records for Void Report file formats. Table 2-3 denotes the order in which the data records for Notice of Appeal Report file formats.

Refer to Section 4, List M, to determine the type of action that you are reporting. Then refer to the appropriate table in this section for the data records required for that action based on the type of report being submitted (e.g., initial, correction, void, etc.) The format for each data record is listed in Section 3.

2.3.1.1 Individual Subject Submission File Formats for Initial, Correction, and Revision to Action Reports

The following table denotes the order in which data records must be submitted for Initial, Correction and Revision to Action reports on individual subjects. The format for each data record is listed in Section 3.

Table 2-1: Individual Subject Submission File Data Record Ordering for Initial, Correction, and Revision to Action Reports

Data Records	Licensure	Clinical Privileges	Health Plan	Exclusion/Debarment	Professional Society	Government Administrative
Header Data Record (HDR)	1	1	1	1	1	1
AAR Type Data Record (AART)	2	2	2	2	2	2
Individual Subject Data Record (ISUBJ)	3	3	3	3	3	3
Other Name(s) Used Data Record (ALIAS)	4	4	4	4	4	4
Social Security Number Data Record (SSN)	5	5	5	5	5	5
Individual Taxpayer Identification Number Data Record (ITIN)	6		6	6		6
Professional School Data Record (GRAD)	7	6	7	7	6	7
Individual Subject Occupation/Field of Licensure Data Record (ISOFL)	8	7	8	8	7	8
Drug Enforcement Administration Data Record (DEA)	9	8	9	9	8	9
Federal Employer Identification Number Data Record (FEIN)	10		10	10		10
National Provider Identifier Data Record (NPI)	11		11	11		11
Unique Physician Identification Number Data Record (UPIN)	12		12	12		12
Affiliations Data Record (AFF)	13		13	13		13
Adverse Action Report Data Record (CAAR)	14	9	14	14	9	14
Action on Appeal Data Record (APEAL)	15		15	15		15
Basis For Action Data Record (BACTN)	16	10	16	16	10	16
Certification Data Record (CERT)	17	11	17	17	11	17
Entity Internal Report Reference Data Record (ER)	18	12	18	18	12	18
Customer Use Data Record (CUSE)	19	13	19	19	13	19
Trailer Data Record (TRLR)	20	14	20	20	14	20

2.3.1.2 Individual Subject Submission File Formats for Void Reports

The following table denotes the order in which data records must be submitted for Void reports on individual subjects. The format for each data record is listed in Section 3.

Table 2-2: Individual Subject Submission File Data Record Ordering for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Previous DCN Data Record (PDCN)	2
Short Individual Subject Data Record (SIS)	3
Certification Data Record (CERT)	4
Customer Use Data Record (CUSE)	5
Trailer Data Record (TRLR)	6

2.3.1.3 Individual Subject Submission File Formats for Notice of Appeal Reports

The following table denotes the order in which data records must be submitted for Notice of Appeal reports on individual subjects. The format for each data record is listed in Section 3. These transactions should be submitted only for Licensure, Exclusion/Debarment, Health Plan, and Government Administrative actions.

Table 2-3: Individual Subject Submission File Data Record Ordering for Notice of Appeal Reports

Data Records	Order
Header Data Record (HDR)	1
Previous DCN Data Record (PDCN)	2
Short Individual Subject Data Record (SIS)	3
Action on Appeal Data Record (APEAL)	4
Certification Data Record (CERT)	5
Customer Use Data Record (CUSE)	6
Trailer Data Record (TRLR)	7

2.3.2 Organization Subject Submission File Formats

This section provides the submission file formats for report transactions involving organization subjects. Table 2-4 denotes the order in which the data records for Initial, Correction and Revision to Action Report file formats. Table 2-5 denotes the order in which the data records for Void Report file formats. Table 2-6 denotes the order in which the data records for Notice of Appeal Report file formats.

Refer to Section 4, List M, to determine the type of action that you are reporting. Then refer to the appropriate table in this section for the data records required for that action based on the type of report being submitted (i.e., Initial, Correction, Void, etc.). The format for each data record is listed in Section 3 of this document.

2.3.2.1 Organization Subject Submission File Formats for Initial, Correction, and Revision to Action Reports

The following table denotes the order in which data records must be submitted for Initial, Correction and Revision to Action reports on organization subjects. The format for each data record is listed in Section 3.

Table 2-4: Organization Subjects Submission File Data Record Ordering for Initial, Correction, and Revision to Action Reports

Data Records	Licensure	Clinical Privileges	Health Plan	Exclusion/Debarment	Professional Society	Government Administrative
Header Data Record (HDR)	1		1	1		1
AAR Type Data Record (AART)	2		2	2		2
Organization Subject Data Record (ESUBJ)	3		3	3		3
Other Organization Name(s) Used Data Record (OENAM)	4		4	4		4
Social Security Number Data Record (SSN)	5		5	5		5
Individual Taxpayer Identification Number Data Record (ITIN)	6		6	6		6
Principal Officers and Owners Data Record (POO)	7		7	7		7
Organization Subject State License Number Data Record (ESLN)	8		8	8		8
Drug Enforcement Administration Data Record (DEA)	9		9	9		9
Clinical Laboratory Improvement Act Data Record (CLIA)	10		10	10		10
Food and Drug Administration Number Data Record (FDA)	11		11	11		11
Federal Employer Identification Number Data Record (FEIN)	12		12	12		12
National Provider Identifier Data Record (NPI)	13		13	13		13
Affiliations Data Record (AFF)	14		14	14		14
Medicare Provider/Supplier Numbers Data Record (MEDICAREP)	15		15	15		15

Data Records	Licensure	Clinical Privileges	Health Plan	Exclusion/Debarment	Professional Society	Government Administrative
Adverse Action Report Data Record (CAAR)	16		16	16		16
Action on Appeal Data Record (APEAL)	17		17	17		17
Basis For Action Data Record (BACTN)	18		18	18		18
Certification Data Record (CERT)	19		19	19		19
Entity Internal Report Reference Data Record (ER)	20		20	20		20
Customer Use Data Record (CUSE)	21		21	21		21
Trailer Data Record (TRLR)	22		22	22		22

2.3.2.2 Organization Subject Submission File Formats for Void Reports

The following table denotes the order in which data records must be submitted for Void reports on organization subjects. The format for each data record is listed in Section 3.

Table 2-5 Organization Subject Submission File Formats for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Previous DCN Data Record (PDCN)	2
Short Organization Subject Data Record (SES)	3
Certification Data Record (CERT)	4
Customer Use Data Record (CUSE)	5
Trailer Data Record (TRLR)	6

2.3.2.3 Organization Subject Submission File Formats for Notice of Appeal Reports

The following table denotes the order in which data records must be submitted for Notice of Appeal reports on organization subjects. The format for each data record is listed in Section 3. These transactions should be submitted only for Licensure, Exclusion/Debarment, Health Plan, and Government Administrative actions.

Table 2-6: Organization Subject Submission File Formats for Notice of Appeal Reports

Data Records	Order
Header Data Record (HDR)	1
Previous DCN Data Record (PDCN)	2
Short Organization Subject Data Record (SES)	3
Action on Appeal Data Record (APEAL)	4
Certification Data Record (CERT)	5
Customer Use Data Record (CUSE)	6
Trailer Data Record (TRLR)	7

2.4 Response (Output) File Formats

This section provides the file formats for receiving AAR response files from the Data Bank(s). (Reporters who submit AAR information via diskette will receive paper responses rather than electronic response files.) Different data records are returned for report responses on individual subjects and report responses on organizations. Section 2.4.1 describes the formats for receiving report responses on individuals. Section 2.4.2 describes the formats for receiving report responses on organizations.

2.4.1 Individual Subject Response File Formats

This section provides the response file formats for report transactions involving individual subjects. Table 2-7 denotes the order in which the data records that constitute Initial, Correction, Notice of Appeal and Revision to Action Report responses are returned. Table 2-8 denotes the order in which the data records for Void Report responses are returned. The response to an electronic report transaction contains a fixed number of data records.

2.4.1.1 Individual Subject Response File Formats for Initial, Correction, Notice of Appeal and Revision to Action Reports

The following table denotes the order in which data records are returned in a response file for Initial, Correction, Notice of Appeal and Revision to Action reports for individual subjects. The format for each data record is listed in Section 3.

Table 2-7: Individual Subject Response File Data Record Ordering for Initial, Correction, Notice of Appeal and Revision to Action Reports

Data Records	Licensure	Clinical Privileges	Health Plan	Exclusion/Debarment	Professional Society	Government Administrative
Header Data Record (HDR)	1	1	1	1	1	1
Transaction Status Data Record (RSTA)	2	2	2	2	2	2
AAR Type Data Record (AART)	3	3	3	3	3	3
Individual Subject Data Record (ISUBJ)	4	4	4	4	4	4
Drug Enforcement Administration Data Record (DEA)	5	5	5	5	5	5
Individual Subject Occupation/Field of Licensure Data Record (ISOFL)	6	6	6	6	6	6
Professional School Data Record (GRAD)	7	7	7	7	7	7
Other Name(s) Used Data Record (ALIAS)	8	8	8	8	8	8
Social Security Number Data Record (SSN)	9	9	9	9	9	9
Individual Taxpayer Identification Number Data Record (ITIN)	10		10	10		10
Federal Employer Identification Number Data Record (FEIN)	11		11	11		11
National Provider Identifier Data Record (NPI)	12		12	12		12
Unique Physician Identification Number Data Record (UPIN)	13		13	13		13
Affiliations Data Record (AFF)	14		14	14		14
Adverse Action Report Data Record (CAAR)	15	10	15	15	10	15
Action on Appeal Data Record (APEAL)	16		16	16		16
Basis For Action Data Record (BACTN)	17	11	17	17	11	17
Previous DCN Data Record (PDCN)*	18	12	18	18	12	18
Report Statement Data Record (RSDR)	19	13	19	19	13	19
Certification Data Record (CERT)	20	14	20	20	14	20
Report Point of Contact Data Record (RPOC)	21	15	21	21	15	21
Individual Supplemental Information Data Record (ISUPPL)	22	16	22	22	16	22
Entity Internal Report Reference Data Record (ER)	23	17	23	23	17	23
Customer Use Data Record (CUSE)	24	18	24	24	18	24
Trailer Data Record (TRLR)	25	19	25	25	19	25

*Only used with Correction, Notice of Appeal and Revision to Action responses.

2.4.1.2 Individual Subject Response File Formats for Void Reports

The following table denotes the order in which data records are returned in a response file for Void reports on individual subjects. The format for each data record is listed in Section 3.

Table 2-8: Individual Subject Response File Data Record Ordering for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Transaction Status Data Record (RSTA)	2
Short Individual Subject Data Record (SIS)	3
Previous DCN Data Record (PDCN)	4
Certification Data Record (CERT)	5
Report Point of Contact Data Record (RPOC)	6
Customer Use Data Record (CUSE)	7
Trailer Data Record (TRLR)	8

2.4.2 Organization Subject Response File Formats

This section provides the response file formats for report transactions involving organization subjects. Table 2-9 denotes the order in which the data records that constitute Initial, Correction, Notice of Appeal and Revision to Action responses are returned. Table 2-10 denotes the order in which the data records that constitute Void responses are returned. The response to an electronic report transaction contains a fixed number of data records.

2.4.2.1 Organization Subject Response File Format for Initial, Correction, Notice of Appeal and Revision to Action Response Reports

The following table denotes the order in which data records are returned in a response file for Initial, Correction, Notice of Appeal and Revision to Action reports on organization subjects. The format for each data record is listed in Section 3.

Table 2-9: Organization Subject Response File Data Record Ordering for Initial, Correction, Notice of Appeal and Revision to Action Reports

Data Records	Licensure	Clinical Privileges	Health Plan	Exclusion/Debarment	Professional Society	Government Administrative
Header Data Record (HDR)	1		1	1		1
Transaction Status Data Record (RSTA)	2		2	2		2
AAR Type Data Record (AART)	3		3	3		3
Organization Subject Data Record (ESUBJ)	4		4	4		4
Drug Enforcement Administration Data Record (DEA)	5		5	5		5
Organization Subject State License Number Data Record (ESLN)	6		6	6		6
Clinical Laboratory Improvement Act Data Record (CLIA)	7		7	7		7
Other Organization Name(s) Used Data Record (OENAM)	8		8	8		8
Social Security Number Data Record (SSN)	9		9	9		9
Individual Taxpayer Identification Number Data Record (ITIN)	10		10	10		10
Federal Employer Identification Number Data Record (FEIN)	11		11	11		11
National Provider Identifier Data Record (NPI)	12		12	12		12
Medicare Provider/ Supplier Numbers Data Record (MEDICAREP)	13		13	13		13
Food and Drug Administration Data Record (FDA)	14		14	14		14
Principal Officers and Owners Data Record (POO)	15		15	15		15
Affiliations Data Record (AFF)	16		16	16		16
Adverse Action Report Data Record (CAAR)	17		17	17		17
Action on Appeal Data Record (APEAL)	18		18	18		18
Basis For Action Data Record (BACTN)	19		19	19		19
Previous DCN Data Record (PDCN)*	20		20	20		20
Report Statement Data Record (RSDR)	21		21	21		21
Certification Data Record (CERT)	22		22	22		22
Report Point of Contact Data Record (RPOC)	23		23	23		23
Organization Supplemental Information Data Record (ESUPPL)	24		24	24		24
Entity Internal Report Reference Data Record (ER)	25		25	25		25
Customer Use Data Record (CUSE)	26		26	26		26
Trailer Data Record (TRLR)	27		27	27		27

*Only used with Correction, Notice of Appeal and Revision to Action file formats.

2.4.2.2 Organization Subject Response File Formats for Void Reports

The following table denotes the order in which data records are returned in a response file for Void reports on organization subjects. The format for each data record is listed in Section 3.

Table 2-10: Organization Subject Response File Data Record Ordering for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Transaction Status Data Record (RSTA)	2
Short Organization Subject Data Record (SES)	3
Previous DCN Data Record (PDCN)	4
Certification Data Record (CERT)	5
Report Point of Contact Data Record (RPOC)	6
Customer Use Data Record (CUSE)	7
Trailer Data Record (TRLR)	8

3. Transaction File Data Records

This section describes the format and content of individual data records within a transaction file. Data record formats are defined separately from the transaction file formats; a single data record may be used in multiple transaction file formats. To determine which data records are required for processing a specific type of transaction, refer to Section 2.3.1 and 2.4.1, individual subject transaction file submission and response formats, and Section 2.3.2 and 2.4.2, organization subject transaction file submission and response formats.

All fields in a data record are either mandatory or mandatory if known, depending on the type of subject being reported. Mandatory fields must be completed or the report **will be rejected**. If a data field is mandatory if known, and the reporting organization does not have the information, the field may be left blank rather than contain a default value. A data field that contains calendar date values must either contain a valid date or be blank if the date is not mandatory.

Tables 3-1 through 3-35 lists fields as mandatory, mandatory if known, and not applicable. The Status column indicates “M” for mandatory or “I” for if mandatory if known. Non-applicable fields are blanked out. The Status column includes the following action types listed below:

Licen: Reports of Federal or State licensing actions.

Clin: Reports of clinical privileges actions.

H-Plan: Reports of health plan actions.

Excl: Reports of exclusions or debarments from Federal or State health care programs.

Prof: Reports of professional society membership actions.

Gvt: Reports of other adverse actions taken by Federal or State agencies that are reportable to the HIPDB and that are not classified elsewhere.

Reporters may submit reports only on adverse actions that they are statutorily authorized and registered to submit. **For more detailed information about each type of action, refer to Section 4, List M, Type of Action.**

Data must follow the specified type according to the following codes:

- A = Alphanumeric
- C = Code (refer to the appropriate code list in Section 4)
- D = Date (MMDDYYYY) unless noted otherwise
- N = Numeric
- T = Tag

Unless otherwise noted, the specified field width represents the maximum number of characters allowed for the field. **All fields larger than the specified field width will be truncated.** Data values that are shorter than the specified field width should **not** be padded with additional characters. **Reports submitted using an incorrect format or codes will be rejected.**

Table 3-1: Action on Appeal Data Record (APEAL)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
APEAL~	T	5	Tag for Action on Appeal Data Record - "APEAL."	M	M	M	M	M	M
ON_APEAL~	C	1	Is the action on appeal? "Y" = Yes, "N" = No, "U" = Unknown.	M		M	M		M
APPEAL_DATE~	D	8	Date the action was appealed in MMDDYYYY format.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-2: Adverse Action Report Type Data Record (AART)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
AART~	T	4	Tag for Adverse Action Report Type Data Record - "AART."	M	M	M	M	M	M
AAR_TYPE~	C	2	Type of action code being reported. Refer to List M in Section 4 for codes.	M	M	M	M	M	M
AAR_SUBJECT_TYPE~	C	1	Type of Subject "I" = Individual "E" = Entity/Organization Subject.	M	M	M	M	M	M
RESERVED/RPT_TYPE~	C	0/1	Valid for responses only. Type of report - "I" = Initial, "C" = Correction, "R" = Revision to Action. For submissions, this is a reserved field, leave blank.	M*	M*	M*	M*	M*	M*
RESERVED/ORIG_DT~	D	0/8	Valid for responses only. Date of original submission. For submissions, this is a reserved field, leave blank.	M*	M*	M*	M*	M*	M*
RESERVED/REC_DT~	D	0/8	Valid for responses only. Date of most recent change. For submissions, this is a reserved field, leave blank.	M*	M*	M*	M*	M*	M*
RESERVED/TITLEIV~**	C	0/1	Valid for responses only. This report is maintained by the NPDB for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. "Y" = Yes, "N" = No. For submissions, this is a reserved field, leave blank.	M*	M*	M*	M*	M*	M*
RESERVED~		0	Reserved field; leave blank .	M*	M*	M*	M*	M*	M*

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
RESERVED/1128E~**	C	0/1	Valid for responses only. This report is maintained by the HIPDB for restricted use under the provisions of Section 1128E of the Social Security Act and 45 CFR Part 61. "Y" = Yes, "N" = No. For submissions, this is a reserved field; leave blank.	M*	M*	M*	M*	M*	M*
RESERVED/NPDB_FL~	C	0/1	Valid for responses only. This report is maintained by NPDB. "Y" = Yes, "N" = No. For submissions, this is a reserved field; leave blank.	M*	M*	M*	M*	M*	M*
RESERVED/HIPDB_FL~	C	0/1	Valid for responses only. This report is maintained by HIPDB. "Y" = Yes, "N" = No. For submissions, this is a reserved field; leave blank.	M*	M*	M*	M*	M*	M*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* **For submissions, it is mandatory that this field is left blank. It is not mandatory that this field appear in response files.**

** **These data fields indicate the statute(s) under which the NPDB, the HIPDB or both Data Banks have the authority to collect, maintain and disclose this report.**

Table 3-3: Adverse Action Report Data Record (CAAR)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
CAAR~	T	4	Tag for Adverse Action Report Data Record - "CAAR."	M	M	M	M	M	M
PREV_DCN~	N	16	On input, this field is only applicable for report corrections and revisions to actions and should contain the DCN of the report to be corrected or revised. If submitting an initial report, leave this field blank. For report responses, this field will contain the new DCN assigned to the submitted report.	M	M	M	M	M	M
NAME~	A	40	Name of Agency or Program that took Adverse Action.	M		M	M		M
AMOUNT~	N	12,2	Total amount of monetary penalty, fine, or restitution in dollars and cents (do not include dollar sign, include decimal point; max value is 999999999.99; entered amount must be greater than 0.00).***	I		I			I
ACTN_TAKEN_DTE~	D	8	Date action was taken in MMDDYYYY format. ****	M	M	M	M	M	M
DTE_OF_ACTN~	D	8	Date action became effective in MMDDYYYY format.	M	M	M	M	M	M
AAR_ACTION_LENGTH_TYPE~	C	1	Is the action Indefinite, Permanent, or for a specified length of time? ("I" = Indefinite, "P" = Permanent, "S" = For a specified length of time.)	M*	M*	M*	M*	M*	M*
AAR_ACTN_YEARS~	N	2	Number of years action effective. (Not applicable to actions with a permanent or indefinite duration or actions with no duration.)	M**	M**	M**	M**	M**	M**
AAR_ACTN_MNTHS~	N	2	Number of months action effective. (Not applicable to actions with a permanent or indefinite duration or actions with no duration.)	M**	M**	M**	M**	M**	M**
AAR_ACTN_DAYS~	N	3	Number of days action effective. (Not applicable to actions with a permanent or indefinite duration or actions with no duration.)	M**	M**	M**	M**	M**	M**
AUTOMATIC_RSTMT~	C	1	Is reinstatement automatic? "Y" = Yes, "N" = No.	I		I	I		I
NARR_DESC~	A	2000	Narrative description of Subject's act(s) or omission(s) and relevant information related to the adverse action taken.	M	M	M	M	M	M
RESERVED~	NA	0	RESERVED						

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
CCB~	C	1	Was the action based on the subject's professional competence or conduct, which may have adversely affected a patient? "Y" = Yes, "N" = No (This field is only applicable to State Licensure actions taken against a physician or dentist, i.e., Occupation/Field of Licensure code "010," "015," "020," "025," "030," "035." Leave this field blank for State Licensure actions taken against other types of subjects and Federal Licensure actions.)	M					
AA_CLASS_CD1~	C	4	Adverse Action Classification Code. Refer to Section 4, List G, for individual subjects or Section 4, List H, for organization subjects. Also refer to List I for individual and organization subjects when receiving Notice of Appeal report responses.	M	M	M	M	M	M
AA_CLASS_CD_DESC1~	A	40	Description of the adverse action taken; included if the reporter selected one of the following codes: 1645, 1989, 1189, 1199, 1589, 1745, 3989, 3239, and 3589.	M	M	M	M	M	M
AA_CLASS_CD2~	C	4	Adverse Action Classification Code. Refer to Section 4, List G, for individual subjects or Section 4, List H, for organization subjects. Also refer to List I for individual and organization subjects when receiving Notice of Appeal report responses.	I	I	I	I	I	I
AA_CLASS_CD_DESC2~	A	40	Description of the adverse action taken; included if the reporter selected one of the following codes: 1645, 1989, 1189, 1199, 1589, 1745, 3989, 3239, and 3589.	I	I	I	I	I	I
AA_CLASS_CD3~	C	4	Adverse Action Classification Code. Refer to Section 4, List G, for individual subjects or Section 4, List H, for organization subjects. Also refer to List I for individual and organization subjects when receiving Notice of Appeal report responses.	I	I	I	I	I	I
AA_CLASS_CD_DESC3~	A	40	Description of the adverse action taken; included if the reporter selected one of the following codes: 1645, 1989, 1189, 1199, 1589, 1745, 3989, 3239, and 3589.	I	I	I	I	I	I
AA_CLASS_CD4~	C	4	Adverse Action Classification Code. Refer to Section 4, List G, for individual subjects or Section 4, List H, for organization subjects. Also refer to List I for individual and organization subjects when receiving Notice of Appeal report responses.	I	I	I	I	I	I

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
AA_CLASS_CD_DESC4~	A	40	Description of the adverse action taken; included if the reporter selected one of the following codes: 1645, 1989, 1189, 1199, 1589, 1745, 3989, 3239, and 3589.	I	I	I	I	I	I
AA_CLASS_CD5~	C	4	Adverse Action Classification Code. Refer to Section 4, List G, for individual subjects or Section 4, List H, for organization subjects. Also refer to List I for individual and organization subjects when receiving Notice of Appeal report responses.	I	I	I	I	I	I
AA_CLASS_CD_DESC5~	A	40	Description of the adverse action taken; included if the reporter selected one of the following codes: 1645, 1989, 1189, 1199, 1589, 1745, 3989, 3239, and 3589.	I	I	I	I	I	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** For some adverse action reports, the length of action fields (AAR_ACTION_LENGTH_TYPE, AAR_ACTN_YEARS, AAR_ACTN_MNTHS, and AAR_ACTN_DAYS) should NOT contain values. If this report has one of the following conditions, do NOT insert values:**

1. If this an initial report and ALL adverse action classification codes indicate a civil money penalty, administrative fine, or other monetary penalty, (e.g., Adverse Action Classification Codes 1173, 1530, 1532, 1932, 3230, 3232, 3233, 3932).

2. If this is a revision to action report and ALL adverse action classification codes indicate a complete reinstatement.

If this report has a mixture of some adverse action classification codes that in the above conditions and some adverse action classification codes that are not in the above conditions, then the length of action fields are required.

**** If the AAR_ACTION_LENGTH_TYPE = S (i.e., the action is for a specified length of time), then the AAR_ACTN_YEARS, AAR_ACTN_MNTHS, and AAR_ACTN_DAYS fields are mandatory.**

***** "Amount of Monetary Penalty, Fine or Restitution" is Mandatory if the adverse action being reported is a civil money penalty, administrative fine, or other monetary penalty (e.g., Adverse Action Classification Codes 1173, 1530, 1532, 1932, 3230, 3232, 3233, or 3932).**

****** The NPDB will not accept reports with a date of action taken prior to September 1, 1990. The HIPDB will not accept reports with a date of action taken prior to August 21, 1996. The date of action must not be a future date.**

Table 3-4: Affiliations Data Record (AFF)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
AFF~	T	3	Tag for Affiliations Data Record - "AFF."	M	M	M	M	M	M
NAME1~	A	40	Name of health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	*		*	*		*
ADDR1_1~	A	40	First line of affiliate's/associate's business address.						
ADDR2_1~	A	40	Second line of address.						
CITY1~	A	28	City.	*		*	*		*
STATE1~	C	2	If State or territory is inside U.S.A. Refer to Section 4, List A for State codes.	*		*	*		*
COUNTRY1~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	*		*	*		*
ZIP5_1~	A	5	ZIP code.						
ZIP4_1~	A	4	4-digit ZIP code extension.						
NRS1~	C	3	Nature of Subject's Relationship to Affiliate/Associate code (Refer to Section 4, List E for Individual subjects or Section 4, List F for Organization subjects).	*		*	*		*
O_NRS1~	A	40	Other Nature of Subject's Relationship to Affiliate. Complete only if Nature of Subject's Relationship to Affiliate/Associate code "999" is selected above. Specify the nature of the Subject's relationship to Affiliate. Otherwise, leave this field blank.						
NAME2~	A	40	Name of second health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	*		*	*		*
ADDR1_2~	A	40	First line of second affiliate's/associate's business address.						
ADDR2_2~	A	40	Second line of second address.						
CITY2~	A	28	Second City.	*		*	*		*
STATE2~	C	2	If State or territory is inside U.S.A. Refer to Section 4, List A for State codes.	*		*	*		*
COUNTRY2~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	*		*	*		*
ZIP5_2~	A	5	Second ZIP code.						
ZIP4_2~	A	4	Second 4-digit ZIP code extension.						
NRS2~	C	3	Nature of Subject's Relationship to second Affiliate/Associate code (Refer to Section 4, List E for Individual subjects or Section 4, List F for Organization subjects).	*		*	*		*

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
O_NRS2~	A	40	Other Nature of Subject's Relationship to Affiliate. Complete only if Nature of Subject's Relationship to second Affiliate/Associate code "999" is selected above. Specify the nature of the Subject's relationship to Affiliate. Otherwise, leave this field blank.						
NAME3~	A	40	Name of third health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	*		*	*		*
ADDR1_3~	A	40	First line of third affiliate's/associate's business address.						
ADDR2_3~	A	40	Second line of third address.						
CITY_3~	A	28	Third City.	*		*	*		*
STATE3~	C	2	If State or territory is inside U.S.A. Refer to Section 4, List A for State codes.	*		*	*		*
COUNTRY3~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	*		*	*		*
ZIP5_3~	A	5	Third ZIP code.						
ZIP4_3~	A	4	Third 4-digit ZIP code extension.						
NRS3~	C	3	Nature of Subject's Relationship to third Affiliate/Associate code (Refer to Section 4, List E for Individual subjects or Section 4, List F for Organization subjects).	*		*	*		*
O_NRS3~	A	40	Other Nature of Subject's Relationship to Affiliate. Complete only if Nature of Subject's Relationship to third Affiliate/Associate code "999" is selected above. Specify the nature of the Subject's relationship to Affiliate. Otherwise, leave this field blank.						
NAME4~	A	40	Name of fourth health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	*		*	*		*
ADDR1_4~	A	40	First line of fourth affiliate's/associate's business address.						
ADDR2_4~	A	40	Second line of fourth address.						
CITY4~	A	28	Fourth City.	*		*	*		*
STATE4~	C	2	If State or territory is inside U.S.A. Refer to Section 4, List A for State codes.	*		*	*		*
COUNTRY4~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	*		*	*		*
ZIP5_4~	A	5	Fourth ZIP code.						
ZIP4_4~	A	4	Fourth 4-digit ZIP code extension.						

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
NRS4~	C	3	Nature of Subject's Relationship to fourth Affiliate/Associate code (Refer to Section 4, List E for Individual subjects or Section 4, List F for Organization subjects).	I*		I*	I*		I*
O_NRS4~	A	40	Other Nature of Subject's Relationship to Affiliate. Complete only if Nature of Subject's Relationship to fourth Affiliate/Associate code "999" is selected above. Specify the nature of the Subject's relationship to Affiliate. Otherwise, leave this field blank.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** If the address or nature of subject's relationship with affiliate/associate is known, name of health care entity with which subject is affiliated or associated is mandatory.**

*** For an address, at minimum the city and state, or city and country are mandatory.**

Table 3-5: Basis for Action Data Record (BACTN)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl	Prof	Gvt.
BACTN~	T	5	Tag for Basis for Action Data Record - "BACTN."	M	M	M	M	M	M
BASIS1~	C	2	Basis for Action - This field is not applicable to Revision To Action reports, and should be left blank for these reports. Refer to Section 4, List J for individual subjects and List K for organization subjects. Also, refer to List L for individual and organization subjects when receiving Notice of Appeal Responses.	M	M	M	M	M	M
BASIS_DESC1~	A	75	Description of the basis for action taken; included if the reporter selected code 99, Other - Not Classified.	I	I	I	I	I	I
BASIS2~	C	2	Second Basis for Action - This field is not applicable to Revision To Action reports, and should be left blank for these reports. Refer to Section 4, List J for individual subjects and List K for organization subjects. Also, refer to List L for individual and organization subjects when receiving Notice of Appeal Responses.	I	I	I	I	I	I
BASIS_DESC2~	A	75	Description of the second basis for action taken; included if the reporter selected code 99, Other - Not Classified.	I	I	I	I	I	I
BASIS3~	C	2	Third Basis for Action - This field is not applicable to Revision To Action reports, and should be left blank for these reports. Refer to Section 4, List J for individual subjects and List K for organization subjects. Also, refer to List L for individual and organization subjects when receiving Notice of Appeal Responses.	I	I	I	I	I	I
BASIS_DESC3~	A	75	Description of the third basis for action taken; included if the reporter selected code 99, Other - Not Classified.	I	I	I	I	I	I
BASIS4~	C	2	Fourth Basis for Action - This field is not applicable to Revision To Action reports, and should be left blank for these reports. Refer to Section 4, List J for individual subjects and List K for organization subjects. Also, refer to List L for individual and organization subjects when receiving Notice of Appeal Responses.	I	I	I	I	I	I
BASIS_DESC4~	A	75	Description of the fourth basis for action taken; included if the reporter selected code 99, Other - Not Classified.	I	I	I	I	I	I
BASIS5~	C	2	Fifth Basis for Action - This field is not applicable to Revision To Action reports, and should be left blank for these reports. Refer to Section 4, List J for individual subjects and List K for organization subjects. Also, refer to List L for individual and organization subjects when receiving Notice of Appeal Responses.	I	I	I	I	I	I

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl	Prof	Gvt.
BASIS_DESC5~	A	75	Description of the fifth basis for action taken; included if the reporter selected code 99, Other - Not Classified.	I	I	I	I	I	

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-6: Certification Data Record (CERT)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl	Prof	Gvt.
CERT~	T	4	Tag for Certification Data Record - "CERT."	M	M	M	M	M	M
CERT_NM~	A	40	Name of individual certifying transaction.	M*	M*	M*	M*	M*	M*
CERT_TITLE~	A	40	Title of individual certifying transaction.	M	M	M	M	M	M
CERT_PHONE~	N	10	Telephone number of individual certifying transaction (include area code, no delimiters e.g., 7038029395).	M	M	M	M	M	M
CERT_EXT~	N	5	Telephone extension.	I	I	I	I	I	I
CERT_DATE~	D	8	Certification date in MMDDYYYY format.	M	M	M	M	M	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***The individual certifying a transaction must be authorized to submit information to the Data Bank(s) on behalf of the eligible entity. This individual certifies that all transaction information is true and correct to the best of his or her knowledge.**

Table 3-7: Clinical Laboratory Improvement Act Data Record (CLIA)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
CLIA~	T	4	Tag for Clinical Laboratory Improvement Act Data Record - "CLIA."	M	M	M	M	M	M
NUMBER1~	A	10	CLIA Number.	I		I	I		I
NUMBER2~	A	10	Second CLIA Number.	I		I	I		I
NUMBER3~	A	10	Third CLIA Number.	I		I	I		I
NUMBER4~	A	10	Fourth CLIA Number.	I		I	I		I
NUMBER5~	A	10	Fifth CLIA Number.	I		I	I		I
NUMBER6~	A	10	Sixth CLIA Number.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-8: Customer Use Data Record (CUSE)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
CUSE~	T	4	Tag for Customer Use Data Record - "CUSE."	M	M	M	M	M	M
CUSTOMER_USE_FIELD~	A	20	Identification record for use by the submitting entity. This data field does not appear on report output and will be returned without modification in the response file. This field may be used by the submitter to identify this transaction.	I	I	I	I	I	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-9: Drug Enforcement Administration Data Record (DEA)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan.	Excl.	Prof.	Gvt.
DEA~	T	3	Tag for Drug Enforcement Administration Data Record - "DEA."	M	M	M	M	M	M
DEA1~	A	12	Drug Enforcement Administration Number.	I	I	I	I	I	I
DEA2~	A	12	Second Drug Enforcement Administration Number.	I	I	I	I	I	I
DEA3~	A	12	Third Drug Enforcement Administration Number.	I	I	I	I	I	I
DEA4~	A	12	Fourth Drug Enforcement Administration Number.	I	I	I	I	I	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-10: Entity Internal Report Reference Data Record (ER)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan.	Excl.	Prof.	Gvt.
ER~	T	2	Tag for Entity Internal Report Reference Data Record - "ER"	M	M	M	M	M	M
ENTITY_REF~	A	20	Entity Internal Report Reference. This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Banks, but it will be provided on copies of the report sent to queriers.	I	I	I	I	I	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-11: Federal Employer Identification Number Data Record (FEIN)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
FEIN~	T	4	Tag for Federal Employer Identification Number Data Record - "FEIN."	M	M	M	M	M	M
FEIN1~	N	9	Federal Employer Identification Number.	M*		M*	M*		M*
FEIN2~	N	9	Second Federal Employer Identification Number.	I		I	I		I
FEIN3~	N	9	Third Federal Employer Identification Number.	I		I	I		I
FEIN4~	N	9	Fourth Federal Employer Identification Number.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** For reports on Individual Subjects, this field is always "If known."**

*** For reports on Organization Subjects, this field is mandatory if Social Security Number and Individual Taxpayer Identification Number are unknown.**

Table 3-12: Food and Drug Administration Number Data Record (FDA)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
FDA~	T	3	Tag for Food and Drug Administration Number Data Record - "FDA."	M	M	M	M	M	M
NUMBER1~	N	7	FDA Number.	I		I	I		I
NUMBER2~	N	7	Second FDA Number.	I		I	I		I
NUMBER3~	N	7	Third FDA Number.	I		I	I		I
NUMBER4~	N	7	Fourth FDA Number.	I		I	I		I
NUMBER5~	N	7	Fifth FDA Number.	I		I	I		I
NUMBER6~	N	7	Sixth FDA Number.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-13: Header Data Record (HDR)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
HDR~	T	3	Tag for Header Data Record - "HDR."	M	M	M	M	M	M
ENTITY_DBID~	N	15	Data Bank Identification Number (DBID) of Reporting Entity assigned by the Data Bank(s).	M	M	M	M	M	M
PASSWD~	A	14	Case-sensitive password assigned by the Data Bank(s). If the report is submitted by an agent, the password of the agent must be used. Otherwise, use the password of the reporting entity. The minimum length is 8.*	M	M	M	M	M	M
TRANS_CD~	C	2	Transaction type code A2, A4, A5, A6, A7, A8, or A9. Refer to Section 4, List O for details.	M	M	M	M	M	M
VER_NUM~	T	5	Use "R8.0" to indicate ICD version.	M	M	M	M	M	M
SUBMISSION_FILENAME~	A	12	Unique identifying file name (user-defined).	M	M	M	M	M	M
SUBMISSION_FILEDATE~	D	8	Date of input file in MMDDYYYY format.	M	M	M	M	M	M
AGENT_DBID~	N	15	Agent DBID (if registered agent is submitting report). Complete only if a registered agent is reporting on behalf of the entity identified (ENTITY_DBID) above. In this case, the password must belong to the agent. If an agent is not submitting the report, leave this field blank.	M	M	M	M	M	M
USER_ID~	A	14	User ID of the individual submitting the report. This field is case sensitive.	M	M	M	M	M	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*This field is case sensitive and can include special characters such as: !, @, #, \$, ^, &, *, (,), -, _, =, +, [,], {, }, |, ;, :, ,, ~, <, >

Table 3-14: Individual Subject Data Record (ISUBJ)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
ISUBJ~	T	5	Tag for Individual Subject Data Record - "ISUBJ."	M	M	M	M	M	M
LNAME~	A	25	Last name of subject.	M	M	M	M	M	M
FNAME~	A	15	First name of subject.	M	M	M	M	M	M
MNAME~	A	15	Middle name of subject.	M	M	M	M	M	M
SUFFIX~	A	4	Suffix (e.g., JR, SR, III).	M	M	M	M	M	M
GENDER~	C	1	"M" = Male, "F" = Female, "U" = Unknown.	M	M	M	M	M	M
HOME_ADDR1~	A	40	First line of home/address of record.	I*	I*	I*	I*	I*	I*
HOME_ADDR2~	A	40	Second line of address.	I	I	I	I	I	I
HOME_CITY~	A	28	City.	I*	I*	I*	I*	I*	I*
HOME_STATE~	C	2	If State or territory is in U.S.A. Refer to Section 4, List A for State codes.	I*	I*	I*	I*	I*	I*
HOME_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I	I	I	I	I	I
HOME_ZIP5~	A	5	ZIP code.	I*	I*	I*	I*	I*	I*
HOME_ZIP4~	A	4	4-digit ZIP code extension.	I	I	I	I	I	I
ORG_NAME~	A	50	Name of organization where subject works.	I	I	I	I	I	I
ORG_TYPE~	C	3	Type of organization where subject works. Refer to Section 4, List B for codes.	I		I	I		I
ORG_TYPE_DESC~	A	100	Organization type description. Complete only if Type of Organization code "999" specified above. If it is, describe the type of organization. Otherwise, leave this field blank.	I		I	I		I
WORK_ADDR1~	A	40	First line of street address where subject works.	M*	M*	M*	M*	M*	M*
WORK_ADDR2~	A	40	Second line of address.	I	I	I	I	I	I
WORK_CITY~	A	28	City.	M*	M*	M*	M*	M*	M*
WORK_STATE~	C	2	If State or territory is inside U.S.A. Refer to Section 4, List A for State codes.	M*	M*	M*	M*	M*	M*
WORK_CNTRY~	A	20	Required if country is not U.S.A. Leave blank if country is U.S.A.	I	I	I	I	I	I
WORK_ZIP5~	A	5	ZIP code.	M*	M*	M*	M*	M*	M*
WORK_ZIP4~	A	4	4-digit ZIP code extension.	I	I	I	I	I	I
DOB~	D	8	Date of birth in MMDDYYYY format.	M	M	M	M	M	M
DECEASED~	C	1	Is the subject deceased? "Y" = Yes, "N" = No, "U" = Unknown.	I	I	I	I	I	I
DECEASED_DATE~	D	8	If the subject is deceased, enter the date of death in MMDDYYYY format.	I	I	I	I	I	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* If the work address is unknown, or the subject is unemployed, a home address is mandatory.

Table 3-15: Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
ISOFL~	T	5	Tag for Individual Subject Occupation/Field(s) of Licensure Data Record - "ISOFL".	M	M	M	M	M	M
ISOFL_FLD1~	C	3	Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.) Provide the Occupation/Field of Licensure code most closely associated with the adverse action being reported.	M	M	M	M	M	M
O_ISOFL_DESCRIPTION1~	A	60	Other Occupation/Field of Licensure. Complete only if Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.	I	I	I	I	I	I
ISOFL_NBR1~	A	16	State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	M	M	I	I	M	I
ISOFL_ST1~	C	2	State of license. Refer to Section 4, List A for State codes.	M	M	I	I	M	I
SPECIALTY1~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	M*		I*	I*		I*
ISOFL_FLD2~	C	3	Second Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.)	I	I	I	I	I	I
O_ISOFL_DESCRIPTION2~	A	60	Other Occupation/Field of Licensure. Complete only if second Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.	I	I	I	I	I	I
ISOFL_NBR2~	A	16	Second State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I	I	I	I	I	I
ISOFL_ST2~	C	2	State of license for second State license. Refer to Section 4, List A for State codes.	I	I	I	I	I	I
SPECIALTY2~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., second Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	I*		I*	I*		I*
ISOFL_FLD3~	C	3	Third Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.)	I	I	I	I	I	I

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
O_ISOFL_DESCRIPTION3~	A	60	Other Occupation/Field of Licensure. Complete only if third Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.						
ISOFL_NBR3~	A	16	Third State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."						
ISOFL_ST3~	C	2	State of license for third State license. Refer to Section 4, List A for State codes.						
SPECIALTY3~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., third Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	*		*	*		*
ISOFL_FLD4~	C	3	Fourth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.)						
O_ISOFL_DESCRIPTION4~	A	60	Other Occupation/Field of Licensure. Complete only if fourth Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.						
ISOFL_NBR4~	A	16	Fourth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."						
ISOFL_ST4~	C	2	State of license for fourth State license. Refer to Section 4, List A for State codes.						
SPECIALTY4~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., fourth Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	*		*	*		*
ISOFL_FLD5~	C	3	Fifth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.)						
O_ISOFL_DESCRIPTION5~	A	60	Other Occupation/Field of Licensure. Complete only if fifth Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.						
ISOFL_NBR5~	A	16	Fifth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."						

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
ISOFL_ST5~	C	2	State of license for fifth State license. Refer to Section 4, List A for State codes.						
SPECIALTY5~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., fifth Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	*		*	*		*
ISOFL_FLD6~	C	3	Sixth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.)						
O_ISOFL_DESCRIPTION6~	A	60	Other Occupation/Field of Licensure. Complete only if sixth Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.						
ISOFL_NBR6~	A	16	Sixth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."						
ISOFL_ST6~	C	2	State of license for sixth State license. Refer to Section 4, List A for State codes.						
SPECIALTY6~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., sixth Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	*		*	*		*
ISOFL_FLD7~	C	3	Seventh Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.)						
O_ISOFL_DESCRIPTION7~	A	60	Other Occupation/Field of Licensure. Complete only if seventh Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.						
ISOFL_NBR7~	A	16	Seventh State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."						
ISOFL_ST7~	C	2	State of license for seventh State license. Refer to Section 4, List A for State codes.						
SPECIALTY7~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., seventh Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	*		*	*		*
ISOFL_FLD8~	C	3	Eighth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.)						

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
O_ISOFL_DESCRIPTION8~	A	60	Other Occupation/Field of Licensure. Complete only if eighth Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.						
ISOFL_NBR8~	A	16	Eighth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."						
ISOFL_ST8~	C	2	State of license for eighth State license. Refer to Section 4, List A for State codes.						
SPECIALTY8~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., eighth Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	*		*	*		*
ISOFL_FLD9~	C	3	Ninth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.)						
O_ISOFL_DESCRIPTION9~	A	60	Other Occupation/Field of Licensure. Complete only if ninth Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.						
ISOFL_NBR9~	A	16	Ninth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."						
ISOFL_ST9~	C	2	State of license for ninth State license. Refer to Section 4, List A for State codes.						
SPECIALTY9~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., ninth Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	*		*	*		*
ISOFL_FLD10~	C	3	Tenth Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes. Also, refer to List C-2 when receiving Notice of Appeal responses.)						
O_ISOFL_DESCRIPTION10~	A	60	Other Occupation/Field of Licensure. Complete only if tenth Occupation/Field of Licensure code "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, leave this field blank.						
ISOFL_NBR10~	A	16	Tenth State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."						

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
ISOFL_ST10~	C	2	State of license for tenth State license. Refer to Section 4, List A for State codes.	I	I	I	I	I	I
SPECIALTY10~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., tenth Occupation/Field of Licensure code is "010", "015", "020", "025", "030", or "035"). Refer to Section 4, List D for Specialty codes.	I*		I*	I*		I*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** The specialty field is applicable only to subjects who are physicians and dentists. This field should be left blank on reports for which the subject is neither a physician nor a dentist. For Licensure reports, this field is always mandatory if a license is provided and the subject is a physician or dentist.**

Table 3-16: Individual Supplemental Information Data Record (ISUPPL)

Field	Field Type	Field Width	Description
ISUPPL~	T	6	Tag for Individual Supplemental Information Data Record - "ISUPPL."
DECEASED_DT~	D	8	Date of death in MMDDYYYY format.
LNAME1~	A	25	Last name of subject.
FNAME1~	A	15	First name of subject.
MNAME1~	A	15	Middle name of subject.
SUFFIX1~	A	5	Suffix (e.g., JR, SR, III).
LNAME2~	A	25	Second provided last name of subject.
FNAME2~	A	15	Second provided first name of subject.
MNAME2~	A	15	Second provided middle name of subject.
SUFFIX2~	A	5	Second provided suffix (e.g., JR, SR, III).
LNAME3~	A	25	Third provided last name of subject.
FNAME3~	A	15	Third provided first name of subject.
MNAME3~	A	15	Third provided middle name of subject.
SUFFIX3~	A	5	Third provided Suffix (e.g., JR, SR, III).
LNAME4~	A	25	Fourth provided last name of subject.
FNAME4~	A	15	Fourth provided first name of subject.
MNAME4~	A	15	Fourth provided middle name of subject.
SUFFIX4~	A	5	Fourth provided suffix (e.g., JR, SR, III).
LNAME5~	A	25	Fifth provided last name of subject.
FNAME5~	A	15	Fifth provided first name of subject.
MNAME5~	A	15	Fifth provided middle name of subject.
SUFFIX5~	A	5	Fifth provided suffix (e.g., JR, SR, III).

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Information in this data record was not provided by the reporting entity. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

Table 3-17: Individual Taxpayer Identification Number Data Record (ITIN)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
ITIN~	T	4	Tag for Individual Taxpayer Identification Number Data Record - "ITIN."	M	M	M	M	M	M
ITIN1~	N	9	Individual Taxpayer Identification Number of subject (do not include hyphens). Cannot be all zeros and must start with a 9.	M*		M*	M*		M*
ITIN2~	N	9	Second Individual Taxpayer Identification Number of subject (do not include hyphens). Cannot be all zeros and must start with a 9.	I*		I*	I*		I*
ITIN3~	N	9	Third Individual Taxpayer Identification Number of subject (do not include hyphens). Cannot be all zeros and must start with a 9.	I*		I*	I*		I*
ITIN4~	N	9	Fourth Individual Taxpayer Identification Number of subject (do not include hyphens). Cannot be all zeros and must start with a 9.	I*		I*	I*		I*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* For reports on Individual Subjects, this field is mandatory if Social Security Number is unknown.

* For reports on Organization Subjects, this field is mandatory if Federal Employer Identification Number and Social Security Number are unknown.

Table 3-18: Medicare Provider/Supplier Number Data Record (MEDICAREP)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
MEDICAREP~	T	9	Tag for Medicare Provider/Supplier Number Data Record - "MEDICAREP."	M	M	M	M	M	M
NUMBER1~	A	15	Medicare Provider/Supplier Number.	I		I	I		I
NUMBER2~	A	15	Second Medicare Provider/Supplier Number.	I		I	I		I
NUMBER3~	A	15	Third Medicare Provider/Supplier Number.	I		I	I		I
NUMBER4~	A	15	Fourth Medicare Provider/Supplier Number.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag
 Status: M = Mandatory, I = Mandatory If Known

Table 3-19: National Provider Identifier Data Record (NPI)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
NPI~	T	3	Tag for National Provider Identifier Data Record - "NPI."	M	M	M	M	M	M
NPI1~	N	10	National Provider Identifier number.	I		I	I		I
NPI2~	N	10	Second National Provider Identifier number.	I		I	I		I
NPI3~	N	10	Third National Provider Identifier number.	I		I	I		I
NPI4~	N	10	Fourth National Provider Identifier number.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag
 Status: M = Mandatory, I = Mandatory If Known

Table 3-20: Organization Subject Data Record (ESUBJ)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
ESUBJ~	T	5	Tag for Organization Subject Data Record - "ESUBJ."	M	M	M	M	M	M
ORG_NAME~	A	50	Organization name.	M		M	M		M
ORG_ADDR1~	A	40	First line of business address.	M		M	M		M
ORG_ADDR2~	A	40	Second line of address.	I		I	I		I
ORG_CITY~	A	28	City.	M		M	M		M
ORG_STATE~	C	2	If State or territory is inside U.S.A. Refer to Section 4, List A for State codes.	M		M	M		M
ORG_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I		I	I		I
ORG_ZIP5~	A	5	ZIP code.	M		M	M		M
ORG_ZIP4~	A	4	4-digit ZIP code extension.	I		I	I		I
ORG_TYPE~	C	3	Type of Organization Code. Refer to Section 4, List B for codes.	M		M	M		M
ORG_OTHER_TYPE~	A	100	Other organization type. Complete only if Type of Organization code "999" is selected. Specify the type of organization. Otherwise, leave this field blank.	I		I	I		I
ORG_DEFN~	C	1	Is the subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care? ("Y" = Yes, "N" = No) Only complete for State Licensure actions. Leave blank if action is Federal Licensure.	M					

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-21: Organization Subject State License Number Data Record (ESLN)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
ESLN~	T	4	Tag for Organization Subject Data Record - "ESLN."	M	M	M	M	M	M
ESLNNUMBER1~	A	16	State License Number (if State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE").	M		I	I		I
ESLNSTATE1~	C	2	State of license. Refer to Section 4, List A for State codes.	M		I	I		I
ESLNNUMBER2~	A	16	Second State License Number (if State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE").	I		I	I		I
ESLNSTATE2~	C	2	State of license for second State license. Refer to Section 4, List A for State codes.	I		I	I		I
ESLNNUMBER3~	C	2	Third State License Number (if State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE").	I		I	I		I
ESLNSTATE3~	A	2	State of license for third State license. Refer to Section 4, List A for State codes.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-22: Organization Supplemental Information (ESUPPL)

Field	Field Type	Field Width	Description
ESUPPL~	T	6	Tag for Organization Supplemental Information Data Record - "ESUPPL."
ORG_NAME1~	A	50	Other organization name of subject.
ORG_NAME2~	A	50	Second other organization name of subject.
ORG_NAME3~	A	50	Third other organization name of subject.
ORG_NAME4~	A	50	Fourth other organization name of subject.
ORG_NAME5~	A	50	Fifth other organization name of subject.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status field for all fields is not applicable.

Information in this data record was not provided by the reporting entity. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

Table 3-23: Other Name(s) Used Data Record (ALIAS)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
ALIAS~	T	5	Tag for Other Name(s) Used Data Record - "ALIAS."	M	M	M	M	M	M
LNAME1~	A	25	Other last name used by subject.*	I	I	I	I	I	I
FNAME1~	A	15	Other first name used by subject.*	I	I	I	I	I	I
MNAME1~	A	15	Other middle name used by subject.	I	I	I	I	I	I
SUFFIX1~	A	4	Other Suffix (e.g., JR, SR, III).	I	I	I	I	I	I
LNAME2~	A	25	Second other last name used by subject.*	I	I	I	I	I	I
FNAME2~	A	15	Second other first name used by subject.*	I	I	I	I	I	I
MNAME2~	A	15	Second other middle name used by subject.	I	I	I	I	I	I
SUFFIX2~	A	4	Second other suffix (e.g., JR, SR, III).	I	I	I	I	I	I
LNAME3~	A	25	Third other last name used by subject.*	I	I	I	I	I	I
FNAME3~	A	15	Third other first name used by subject.*	I	I	I	I	I	I
MNAME3~	A	15	Third other middle name used by subject.	I	I	I	I	I	I
SUFFIX3~	A	4	Third other suffix (e.g., JR, SR, III).	I	I	I	I	I	I
LNAME4~	A	25	Fourth other last name used by subject.*	I	I	I	I	I	I
FNAME4~	A	15	Fourth other first name used by subject.*	I	I	I	I	I	I
MNAME4~	A	15	Fourth other middle name used by subject.	I	I	I	I	I	I

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
SUFFIX4~	A	4	Fourth other suffix (e.g., JR, SR, III).	I	I	I	I	I	I
LNAME5~	A	25	Fifth other last name used by subject.*	I	I	I	I	I	I
FNAME5~	A	15	Fifth other first name used by subject.*	I	I	I	I	I	I
MNAME5~	A	15	Fifth other middle name used by subject.	I	I	I	I	I	I
SUFFIX5~	A	4	Fifth other suffix (e.g., JR, SR, III).	I	I	I	I	I	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** When specifying other names used information, both first name and last name must be provided.**

Table 3-24: Other Organization Name(s) Used Data Record (OENAM)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
OENAM~	T	5	Tag for Other Organization Name(s) Used Data Record - "OENAM."	M	M	M	M	M	M
ORG_NAME1~	A	50	Other organization name.	I		I	I		I
ORG_NAME2~	A	50	Second other organization name.	I		I	I		I
ORG_NAME3~	A	50	Third other organization name.	I		I	I		I
ORG_NAME4~	A	50	Fourth other organization name.	I		I	I		I
ORG_NAME5~	A	50	Fifth other organization name.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-25: Previous DCN Data Record (PDCN)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
PDCN~	T	4	Tag for Previous DCN Data Record - "PDCN."	M	M	M	M	M	M
PREV_DCN~	N	16	Data Bank Control Number of Corrected, Revised, or Voided report.	M	M	M	M	M	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-26: Principal Officers and Owners Data Record (POO)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
POO~	T	3	Tag for Principal Officers and Owners Data Record - "POO."	M	M	M	M	M	M
LNAME1~	A	25	Last name of Principal Officer or Owner.	I		I	I		I
FNAME1~	A	15	First name of Principal Officer or Owner.	I		I	I		I
MNAME1~	A	15	Middle name of Principal Officer or Owner.	I		I	I		I
SUFFIX1~	A	4	Suffix (e.g., JR, SR, III).	I		I	I		I
TITLE1~	A	40	Title of Principal Officer or Owner.	I		I	I		I
LNAME2~	A	25	Last name of second Principal Officer or Owner.	I		I	I		I
FNAME2~	A	15	First name of second Principal Officer or Owner.	I		I	I		I
MNAME2~	A	15	Middle name of second Principal Officer or Owner.	I		I	I		I
SUFFIX2~	A	4	Suffix (e.g., JR, SR, III).	I		I	I		I
TITLE2~	A	40	Title of second Principal Officer or Owner.	I		I	I		I
LNAME3~	A	25	Last name of third Principal Officer or Owner.	I		I	I		I
FNAME3~	A	15	First name of third Principal Officer or Owner.	I		I	I		I
MNAME3~	A	15	Middle name of third Principal Officer or Owner.	I		I	I		I
SUFFIX3~	A	4	Suffix (e.g., JR, SR, III).	I		I	I		I
TITLE3~	A	40	Title of third Principal Officer or Owner.	I		I	I		I

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
LNAME4~	A	25	Last name of fourth Principal Officer or Owner.	I		I	I		I
FNAME4~	A	15	First name of fourth Principal Officer or Owner.	I		I	I		I
MNAME4~	A	15	Middle name of fourth Principal Officer or Owner.	I		I	I		I
SUFFIX4~	A	4	Suffix (e.g., JR, SR, III).	I		I	I		I
TITLE4~	A	40	Title of fourth Principal Officer or Owner.	I		I	I		I
LNAME5~	A	25	Last name of fifth Principal Officer or Owner.	I		I	I		I
FNAME5~	A	15	First name of fifth Principal Officer or Owner.	I		I	I		I
MNAME5~	A	15	Middle name of fifth Principal Officer or Owner.	I		I	I		I
SUFFIX5~	A	4	Suffix (e.g., JR, SR, III).	I		I	I		I
TITLE5~	A	40	Title of fifth Principal Officer or Owner.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-27: Professional School Data Record (GRAD)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
GRAD~	T	4	Tag for Professional School Data Record - "GRAD."	M	M	M	M	M	M
SCHOOL1~	A	40	Name of professional school attended by a subject. Enter name of professional school or certificate program.** ***	M*	M*	I*	I*	M	I*
GRAD_YR1~	D	4	Year of graduation in YYYY format. Enter year of graduation from professional school or year of completion of certificate program.** ***	M*	M*	I*	I*	M	I*
SCHOOL2~	A	40	Name of second professional school attended by a subject. Enter name of professional school or certificate program. Required if GRAD_YR2 is provided.** ***	I*	I*	I*	I*	I	I*

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
GRAD_YR2~	D	4	Year of graduation in YYYY format. Enter year of graduation from second professional school or year of completion of certificate program. Required if SCHOOL2 is provided.** ***	*	*	*	*		*
SCHOOL3~	A	40	Name of third professional school attended by a subject. Enter name of professional school or certificate program. Required if GRAD_YR3 is provided.** ***	*	*	*	*		*
GRAD_YR3~	D	4	Year of graduation in YYYY format. Enter year of graduation from third professional school or year of completion of certificate program. Required if SCHOOL3 is provided.** ***	*	*	*	*		*
SCHOOL4~	A	40	Name of fourth professional school attended by a subject. Enter name of professional school or certificate program. Required if GRAD_YR4 is provided.** ***	*	*	*	*		*
GRAD_YR4~	D	4	Year of graduation in YYYY format. Enter year of graduation from fourth professional school or year of completion of certificate program. Required if SCHOOL4 is provided.** ***	*	*	*	*		*
SCHOOL5~	A	40	Name of fifth professional school attended by a subject. Enter name of professional school or certificate program. Required if GRAD_YR5 is provided.** ***	*	*	*	*		*
GRAD_YR5~	D	4	Year of graduation in YYYY format. Enter year of graduation from fifth professional school or year of completion of certificate program. Required if SCHOOL5 is provided.** ***	*	*	*	*		*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** If the subject is not a health care practitioner, the graduation record should be left blank. "Health care practitioners" consist of those Occupation/Field(s) of Licensure codes from 000 through 699. When reporting on health care practitioners whose occupation does not require professional schooling or a certification program, enter "None" for the school attended and, in the year of graduation field, enter the year the State authorized them to practice.**

**** When specifying professional school information, both professional school and year of graduation must be provided.**

***** If the report subject did not graduate (but completed a certificate program), provide the school name in the Professional School Attended field and the last year of attendance. If the subject did not attend a school, provide the name of the certificate program and the year that it was completed. In the event that the subject neither attended a school nor completed a certificate program, enter "None" in the Professional School Attended field and enter the year that the subject was authorized by the state to provide health care services in the Year of Graduation field.**

Table 3-28: Report Point of Contact Data Record (RPOC)

Field	Field Type	Field Width	Description
RPOC~	T	4	Tag for Report Point of Contact Data Record - "RPOC."
NAME_OFFICE~	A	40	The individual or office authorized as the point of contact on report output documents.
TITLE_DEPT~	A	40	Title or department of point of contact.
PHONE~	N	10	Telephone number.
PHONE_EXT~	N	5	Telephone extension.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Reporting entities may designate a point of contact when they update their entity registration information through the IQRS.

Table 3-29: Report Statement Data Record (RSDR)

Field	Field Type	Field Width	Description
RSDR~	A	4	Tag for Report Statement Data Record - "RSDR."
SUBJECT_STMT_DT~	D	8	Date statement was submitted by the subject in MMDDYYYY format.
SUBJECT_STMT_DT_STATUS~	C	1	Was the subject statement submitted for this version of the report or an earlier version? "Y" = The subject entered the statement contained in the SUBJECT_STMT field in response to this version of this report. "N" = The subject entered the statement contained in the SUBJECT_STMT in response to an earlier version of this report. The reporting entity changed the report after the subject prepared the statement. As of the date this report response was processed, the subject has not changed the statement in response to the changes in the report.
SUBJECT_STMT~	A	2000	Subject statement.
SECRETARY_STMT_DT~	D	8	Date Secretary statement was entered in MMDDYYYY format.
SECRETARY_STMT_DT_STATUS~	C	1	Was the secretary statement entered for this version of the report or an earlier version? "Y" = The Secretary of the U.S. Department of Health and Human Services reviewed this version of this report and entered the statement contained in the SECRETARY_STMT field. "N" = The Secretary of the U.S. Department of Health and Human Services reviewed an earlier version of this report and entered the statement contained in the SECRETARY_STMT field. After the Secretarial Review decision and statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.
SECRETARY_STMT~	A	2000	Secretary of the U.S. Department of Health and Human Services statement.
DISPUTE_FL~	C	1	Report dispute status. "N" = not in dispute, "Y" = in dispute, "S" = elevated to Secretarial Review, "R" = reviewed by Secretary.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-30: Short Individual Subject Data Record (SIS)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan.	Excl.	Prof.	Gvt.
SIS~	T	3	Tag for Short Individual Subject Data Record - "SIS."	M	M	M	M	M	M
LNAME~	A	25	Last name of subject.	M	M	M	M	M	M
FNAME~	A	15	First name of subject.	M	M	M	M	M	M
MNAME~	A	15	Middle name of subject.	I	I	I	I	I	I
SUFFIX~	A	4	Suffix (e.g., JR, SR, III).	I	I	I	I	I	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-31: Short Organization Subject Data Record (SES)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
SES~	T	3	Tag for Short Organization Subject Data Record - "SES."	M	M	M	M	M	M
ORG_NAME~	A	50	Organization name.	M		M	M		M
ORG_CITY~	A	28	City.	M		M	M		M
ORG_STATE~	C	2	If State or territory is inside U.S.A. Refer to Section 4, List A for State codes.	M		M	M		M
ORG_CNTRY~	C	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-32: Social Security Number Data Record (SSN)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
SSN~	T	3	Tag for Social Security Number Data Record - "SSN."	M	M	M	M	M	M
SSN1~	N	9	Social Security Number of subject (do not include hyphens). Cannot be all zeros.	M*	I	M*	M*	I	M*
SSN2~	N	9	Second Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I*	I	I*	I*	I	I*
SSN3~	N	9	Third Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I*	I	I*	I*	I	I*
SSN4~	N	9	Fourth Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I*	I	I*	I*	I	I*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* For reports on Individual Subjects, this field is mandatory if Individual Taxpayer Identification Number is unknown.

* For reports on Organization Subjects, this field is mandatory if Federal Employer Identification Number and Individual Taxpayer Identification Number are unknown.

Table 3-33: Trailer Data Record (TRLR)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
TRLR~	T	4	Tag for Trailer Data Record - "TRLR."	M	M	M	M	M	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-34: Transaction Status Data Record (RSTA)

Field	Field Type	Field Width	Description
RSTA~	A	4	Tag for Transaction Status Data Record - "RSTA."
DCN~	N	16	Data Bank Control Number assigned to this transaction.
PROCESS_DT~	D	8	Date transaction was processed in MMDDYYYY format.
FILE_TRANS_STATUS~	C	1	File status "R" = successfully processed, "F" = failed.
ERR_CD~	C	2	Error code – A two digit code indicating why the transaction was rejected and could not be processed. Refer to Section 4, List N for Error Codes. This field will be repeated for each error found. The field is only present when an error is present. Files with no errors will not list this field nor will a placeholder be present.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-35: Unique Physician Identification Number Data Record (UPIN)

Field	Field Type	Field Width	Description	Status					
				AAR Type					
				Licen.	Clin.	H-Plan	Excl.	Prof.	Gvt.
UPIN~	T	4	Tag for Unique Physician Identification Number Data Record - "UPIN."	M	M	M	M	M	M
UPIN1~	A	6	Unique Physician Identification Number.	I		I	I		I
UPIN2~	A	6	Second Unique Physician Identification Number.	I		I	I		I
UPIN3~	A	6	Third Unique Physician Identification Number.	I		I	I		I
UPIN4~	A	6	Fourth Unique Physician Identification Number.	I		I	I		I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

4. Adverse Action Report Code Lists

List A-1 State Abbreviations and U.S. Territories

AL Alabama	KY Kentucky	ND North Dakota
AK Alaska	LA Louisiana	OH Ohio
AZ Arizona	ME Maine	OK Oklahoma
AR Arkansas	MD Maryland	OR Oregon
CA California	MA Massachusetts	PA Pennsylvania
CO Colorado	MI Michigan	RI Rhode Island
CT Connecticut	MN Minnesota	SC South Carolina
DE Delaware	MS Mississippi	SD South Dakota
DC District of Columbia	MO Missouri	TN Tennessee
FL Florida	MT Montana	TX Texas
GA Georgia	NE Nebraska	UT Utah
HI Hawaii	NV Nevada	VT Vermont
ID Idaho	NH New Hampshire	VA Virginia
IL Illinois	NJ New Jersey	WA Washington
IN Indiana	NM New Mexico	WV West Virginia
IA Iowa	NY New York	WI Wisconsin
KS Kansas	NC North Carolina	WY Wyoming
AS American Samoa	GU Guam	PR Puerto Rico
FM Federated States of Micronesia	MP Northern Marianas	VI Virgin Islands
PW Palau		
AA Central and South America (Armed Forces)	AE Europe (Armed Forces)	AP Pacific (Armed Forces)

Please adhere to the following guidelines when entering foreign or military addresses:

Addresses for United States Territories:

- Enter Territory abbreviation in "State" field.

Addresses outside the United States or its territories:

- Leave the "State" field blank.
- Enter the city and/or province in the "City" field.
- Enter the Country Code in the "ZIP" fields - maximum 5 characters in first field, maximum 4 characters in the second field.
- Enter the country in the "Country" field.

Military Addresses:

- Enter APO in the "City" field.
- Enter AE, AA in the "State" field.
- Enter the ZIP code in the "ZIP" field.

Following State Codes are not valid for State of Licensure:

- AA Central and South America (Armed Forces)
- AE Europe (Armed Forces)
- AP Pacific (Armed Forces)

List A-2
APO/FPO Postal Codes*

APO/FPO Code	First 3 digits of ZIP Code	Geographic Area	APO/FPO Code	First 3 digits of ZIP Code	Geographic Area
AE - Europe	090-092	Germany	AA – Americas	340	Central, South Americas
	094	United Kingdom			
	095	Atlantic Ocean/ Mediterranean Sea Ships	AP – Pacific	962	Korea
	096	Italy, Spain		963	Japan
	097	Other Europe		964	Philippines
	098	Middle East, Africa		965	Other Pacific and Alaska
				966	Pacific and Indian Ocean Ships

* APO/FPO Codes (State Codes) are not valid for State of Licensure. Refer to List A-1.

List B
Type of Organization Codes

<p>Group or Practice 361 Chiropractic Group/Practice 362 Dental Group/Practice 365 Medical Group/Practice 366 Mental Health/Substance Abuse Group/Practice 363 Optician/Optometric Group/Practice 367 Physical/Occupational Therapy Group/Practice 364 Podiatric Group/Practice</p> <p>393 Home Health Agency/ Organization</p> <p>382 Hospice/Hospice Care Provider</p> <p>Hospital 304 Federal Hospital 301 General/Acute Care Hospital 302 Psychiatric Hospital 303 Rehabilitation Hospital</p> <p>Hospital Unit 307 Psychiatric Unit 308 Rehabilitation Unit</p> <p>310 Laboratory/CLIA Laboratory</p>	<p>389 Nursing Facility/Skilled Nursing Facility</p> <p>370 Research Center/Facility</p> <p>Other Health Care Facility 381 Adult Day Care Facility 392 Ambulatory Clinic/Center 391 Ambulatory Surgical Center 398 End Stage Renal Disease Facility 394 Health Center/Federally Qualified Health Center/Community Health Center 383 Intermediate Care Facility for Mentally Retarded/Substance Abuse 397 Mammography Service Provider 395 Mental Health Center/Community Mental Health Center 388 Outpatient Rehabilitation Facility/Comprehensive Outpatient Rehabilitation Facility 399 Radiology/Imaging Center 386 Residential Treatment Facility/Program 396 Rural Health Clinic</p>	<p>Managed Care Organization 331 Health Maintenance Organization 335 Preferred Provider Organization 336 Provider Sponsored Organization 338 Religious, Fraternal Benefit Society Plan</p> <p>320 Health Insurance Company/Provider</p> <p>Health Care Supplier/Manufacturer 347 Biological Products Manufacturer 342 Blood Bank 343 Durable Medical Equipment Supplier 344 Eyewear Equipment Supplier 351 Fiscal/Billing/Management Agent 353 Nursing/Health Care Staffing Service 348 Organ Procurement Organization 345 Pharmacy 346 Pharmaceutical Manufacturer 349 Portable X-Ray Supplier 352 Purchasing Service</p> <p>390 Ambulance Service/Transportation Company</p> <p>999 Other Type - Not Classified, Specify, _____</p>
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List C-1 Occupation/Field of Licensure Codes

603 Chiropractor Counselor 621 Counselor, Mental Health 651 Professional Counselor 654 Professional Counselor, Alcohol 657 Professional Counselor, Family/Marriage 660 Professional Counselor, Substance Abuse 661 Marriage and Family Therapist Dental Service Provider 030 Dentist 035 Dental Resident 606 Dental Assistant 609 Dental Hygienist 612 Denturist Dietician/Nutritionist 200 Dietician 210 Nutritionist Emergency Medical Technician (EMT) 250 EMT, Basic 260 EMT, Cardiac/Critical Care 270 EMT, Intermediate 280 EMT, Paramedic Eye and Vision Service Provider 630 Ocularist 633 Optician 636 Optometrist Nurse/Advanced Practice Registered Nurse 100 Registered (Professional) Nurse 110 Nurse Anesthetist 120 Nurse Midwife 130 Nurse Practitioner 140 Licensed Practical or Vocational Nurse 141 Clinical Nurse Specialist Nurse Aide, Home Health Aide and Other Aide 148 Certified Nurse Aide/Certified Nursing Assistant 150 Nurses Aide 160 Home Health Aide (Homemaker) 165 Health Care Aide/Direct Care Worker 175 Certified or Qualified Medication Aide	Pharmacy Service Provider 050 Pharmacist 055 Pharmacy Intern 060 Pharmacist, Nuclear 070 Pharmacy Assistant 075 Pharmacy Technician Physician 010 Physician (MD) 015 Physician Intern/Resident (MD) 020 Osteopathic Physician (DO) 025 Osteopathic Physician Intern/Resident (DO) Physician Assistant 642 Physician Assistant, Allopathic 645 Physician Assistant, Osteopathic Podiatric Service Provider 350 Podiatrist 648 Podiatric Assistant Psychologist/Psychological Assistant 371 Psychologist 372 School Psychologist 373 Psychological Assistant, Associate, Examiner Rehabilitative, Respiratory and Restorative Service Provider 402 Art/Recreation Therapist 405 Massage Therapist 410 Occupational Therapist 420 Occupational Therapy Assistant 430 Physical Therapist 440 Physical Therapy Assistant 450 Rehabilitation Therapist 663 Respiratory Therapist 666 Respiratory Therapy Technician 300 Social Worker Speech, Language and Hearing Service Provider 400 Audiologist 460 Speech/Language Pathologist 470 Hearing Aid/Hearing Instrument Specialist	Technologist 500 Medical Technologist 505 Cytotechnologist 510 Nuclear Medicine Technologist 520 Radiation Therapy Technologist 530 Radiologic Technologist Other Health Care Practitioner 600 Acupuncturist 601 Athletic Trainer 615 Homeopath 618 Medical Assistant 624 Midwife, Lay (Non-Nurse) 627 Naturopath 639 Orthotics/Prosthetics Fitter 647 Perfusionist 170 Psychiatric Technician 699 Other Health Care Practitioner - Not Classified, Specify, _____ Health Care Facility Administrator 752 Adult Care Facility Administrator 755 Hospital Administrator 758 Long-Term Care Administrator Other Occupation 850 Accountant 853 Bookkeeper 822 Business Manager 830 Business Owner 820 Corporate Officer 810 Insurance Agent 812 Insurance Broker 800 Researcher, Clinical 840 Salesperson 899 Other Occupation - Not Classified, Specify, _____
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List C-2 Occupation/Field of Licensure Codes – Retired¹

135 Advanced Practice Nurse 370 Psychologist, Clinical

¹ Retired Codes are not available for submitting on new reports but may appear on Notice of Appeal report responses.

List D Specialty Codes

Physician Specialties		73	Anatomic/Clinical Pathology
01	Allergy and Immunology	75	Radiology
03	Aerospace Medicine	76	Radiation Oncology
05	Anesthesiology	80	Colon and Rectal Surgery
10	Cardiovascular Diseases	81	General Surgery
13	Child Psychiatry	82	Neurological Surgery
20	Dermatology	83	Orthopedic Surgery
23	Diagnostic Radiology	84	Plastic Surgery
25	Emergency Medicine	85	Thoracic Surgery
29	Forensic Pathology	86	Urological Surgery
30	Gastroenterology	98	Other Specialty - Not Classified
33	General Practice/Family Practice	99	Unspecified
35	General Preventive Medicine		
37	Hospitalist	Dental Specialties	
39	Internal Medicine	D1	General Dentistry (No Specialty)
40	Neurology	D2	Dental: Public Health
43	Neurology, Clinical Neurophysiology	D3	Endodontics
45	Nuclear Medicine	D4	Oral and Maxillofacial Surgery
50	Obstetrics & Gynecology	D5	Oral and Maxillofacial Pathology
53	Occupational Medicine	D6	Orthodontics and Dentofacial Orthopedics
55	Ophthalmology	D7	Pediatric Dentistry
59	Otolaryngology	D8	Periodontics
60	Pediatrics	D9	Prosthodontics
63	Psychiatry	DA	Oral and Maxillofacial Radiology
65	Public Health	DB	Unknown
67	Clinical Pharmacology		
69	Physical Medicine & Rehabilitation		
70	Pulmonary Diseases		

List E Nature of Relationship - Individual Subjects

100	Subject is Owner/Partner of Affiliate or Associate	250	Subject is Contractor to Affiliate or Associate	400	Subject is Supplier to Affiliate or Associate
150	Subject is Manager/Supervisor/Director of Affiliate or Associate	300	Subject is Member of Affiliate or Associate's Network	450	Subject is Customer of Affiliate or Associate
200	Subject is Employee of Affiliate or Associate	350	Subject has Clinical Privileges With Affiliate or Associate	700	Subject is in Joint Venture With Affiliate or Associate
				999	Other Relationship - Not Classified, Specify, _____

List F
Nature of Relationship - Organization Subjects

250 Subject is Contractor to Affiliate or Associate	400 Subject is Supplier to Affiliate or Associate	600 Subject is Subsidiary of Affiliate or Associate
300 Subject is Member of Affiliate or Associate's Network	450 Subject is Customer of Affiliate or Associate	700 Subject is in Joint Venture With Affiliate or Associate
	500 Subject is Parent Organization of Affiliate or Associate	999 Other Relationship - Not Classified, Specify, _____

List G-1
Adverse Action Classification Codes - Individual Subjects – Clinical Privileges

Clinical Privileges (Also Includes Peer-Reviewed Panel Membership Actions)

Clinical Privileges — Actions

- 1610 Revocation of Clinical Privileges
- 1630 Suspension of Clinical Privileges
- 1632 Summary or Emergency Suspension of Clinical Privileges
- 1635 Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
- 1640 Reduction of Clinical Privileges
- 1645 Other Restriction/Limitation of Clinical Privileges, Specify, _____
- 1650 Denial of Clinical Privileges

Clinical Privileges — Revisions to Actions (No Basis for Action Codes Required)

- 1635 Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
- 1680 Clinical Privileges Restored or Reinstated, Complete
- 1681 Clinical Privileges Restored or Reinstated, Conditional
- 1689 Clinical Privileges Restoration or Reinstatement Denied
- 1690 Reduction of Previous Action
- 1695 Extension of Previous Action

List G-2
Adverse Action Classification Codes - Individual Subjects – Health Plan Action

Health Plan Action

Health Plan Action — Actions

- 1920 Contract Termination
- 1930 Suspension of Contract
- 1932 Administrative Fine/Monetary Penalty
- 1941 Employment Termination
- 1942 Employment Suspension
- 1950 Denial of Contract Application or Renewal
- 1989 Other Health Plan Action, Specify, _____

Health Plan Action — Revisions to Actions (No Basis for Action Code Required)

- 1990 Reinstatement
- 1992 Reinstatement Denied
- 1995 Reduction of Previous Action
- 1996 Extension of Previous Action

List G-3
Adverse Action Classification Codes - Individual Subjects – Exclusion/Debarment

Exclusion or Debarment	
Exclusion or Debarment — Actions	
1500	Debarment From Federal Programs
1505	Exclusion From a Federal Health Care Program
1507	Exclusion From a State Health Care Program
1508	Exclusion From Medicare, Medicaid and All Other Federal Health Care Programs ¹
1509	Exclusion From Medicare and State Health Care Programs ¹
Exclusion or Debarment — Revisions to Actions (No Basis for Action Codes Required)	
1515	Reinstatement
1516	Reinstatement Denied

¹ **These codes are for the HHS Office of Inspector General (OIG) use only.** In cases in which the HHS OIG submits an Exclusion or Debarment action, the HHS OIG may not select multiple Adverse Action Classification Codes when reporting either of the following two codes: Exclusion from Medicare, Medicaid and all other Federal Health Care Programs, or Exclusion from Medicare and State Health Care Programs. Additional actions should be submitted in separate reports.

All other reporters of Exclusion or Debarment actions may select any available Adverse Action Classification Code alone or in combination, except for the two codes noted above.

List G-4
Adverse Action Classification Codes - Individual Subjects – Federal or State Licensure

Federal or State Licensure

Licensure — Actions

- 1110 Revocation of License
- 1125 Probation of License
- 1135 Suspension of License
- 1139 Summary or Emergency Suspension of License (NPDB Only)¹ - **(This code is only valid for State licensure actions against physicians and dentists and must be based on the professional competence or conduct of the subject.)**
- 1140 Reprimand or Censure
- 1145 Voluntary Surrender of License
- 1147 Limitation or Restriction on License
- 1148 Denial of License Renewal
- 1149 Denial of Initial License (HIPDB Only)^{1,2}
- 1173 Publicly Available Fine/Monetary Penalty²
- 1189 Publicly Available Negative Action or Finding (HIPDB Only), Specify, _____^{1,2}
- 1199 Other Licensure Action - Not Classified, Specify, _____

Licensure — Revisions to Actions (No Basis for Action Codes Required)

- 1145 Voluntary Surrender of License
- 1280 License Restored or Reinstated, Complete
- 1282 License Restored or Reinstated, Conditional
- 1285 License Restoration or Reinstatement Denied
- 1295 Reduction of Previous Action
- 1296 Extension of Previous Action

¹ **State Licensure Action** - For State Licensure actions in which the subject is a physician or dentist or medical or dental resident, you may not select multiple Adverse Action Classification Codes when reporting any one of the following codes: 1139 Summary or Emergency Suspension, 1149 Denial of Initial License, or 1189 Publicly Available Negative Action or Finding. Additional actions should be submitted in separate reports. All other codes may be selected in combination. If the subject is not a physician or dentist or medical or dental resident, you may select any Adverse Action Classification Code available, in any combination, up to the five allowable codes.

² **Federal Licensure Action** - In cases in which the Drug Enforcement Administration (DEA) submits a Federal Licensure action on a health care practitioner, the DEA may not select multiple Adverse Action Classification Codes when reporting any one of the following codes: 1149 Denial of Initial License, 1173 Publicly Available Fine/Monetary Penalty, or 1189 Publicly Available Negative Action or Finding. Additional actions should be submitted in separate reports.

When reporting on a subject other than a practitioner, the DEA may select any Federal Licensure Adverse Action Classification Code singly or in combination.

All other reporters submitting a Federal Licensure action may select any available Adverse Action Classification Code alone or in combination for any type of subject.

List G-5**Adverse Action Classification Codes - Individual Subjects – Government Administrative****Government Administrative****Government Administrative — Actions**

- 1510 Termination of Medicare or Other Federal Health Care Program Participation
- 1512 Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
- 1513 Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause
- 1517 Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
- 1518 Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause
- 1520 Contract Termination
- 1530 Civil Money Penalty
- 1532 Administrative Fine/Monetary Penalty
- 1550 Disqualification of Clinical Investigator From Receiving Investigational Products
- 1551 Termination of Medicaid or Other State Health Care Program Participation
- 1555 Employment Disqualification Based on Finding in State Nurse Aide Registry
- 1560 Personnel Action — Employee Termination
- 1562 Personnel Action — Employee Suspension
- 1565 Personnel Action — Not Classified
- 1589 Other Action - Not Classified, Specify, _____

Government Administrative — Revisions to Actions (No Basis for Action Codes Required)

- 1590 Reinstatement
- 1592 Reinstatement Denied
- 1595 Reduction of Previous Action
- 1596 Extension of Previous Action

List G-6**Adverse Action Classification Codes - Individual Subjects – Professional Society****Professional Society****Professional Society — Actions**

- 1710 Revocation of Professional Society Membership
- 1730 Suspension of Professional Society Membership
- 1745 Other Restriction/Limitation on Professional Society Membership, Specify, _____
- 1750 Denial of Professional Society Membership (Subsequent)

Professional Society — Revisions to Actions (No Basis for Action Codes Required)

- 1780 Membership Reinstated, Complete
- 1781 Membership Reinstated, Conditional
- 1789 Membership Reinstatement Denied
- 1790 Reduction of Previous Action
- 1795 Extension of Previous Action

List H-1**Adverse Action Classification Codes - Organization Subjects – Health Plan Action****Health Plan Action****Health Plan Action — Actions**

- 3920 Contract Termination
- 3930 Suspension of Contract
- 3932 Administrative Fine/Monetary Penalty
- 3950 Denial of Contract Application or Renewal
- 3989 Other Health Plan Action, Specify, _____

Health Plan Action — Revisions to Actions (No Basis for Action Code Required)

- 3990 Reinstatement
- 3992 Reinstatement Denied
- 3995 Reduction of Previous Action
- 3996 Extension of Previous Action

List H-2**Adverse Action Classification Codes - Organization Subjects – Exclusion or Debarment****Exclusion or Debarment****Exclusion or Debarment — Actions**

- 3500 Debarment From Federal Programs
- 3505 Exclusion From a Federal Health Care Program
- 3507 Exclusion From a State Health Care Program
- 3508 Exclusion From Medicare, Medicaid and All Other Federal Health Care Programs¹
- 3509 Exclusion From Medicare and State Health Care Programs¹

Exclusion or Debarment — Revisions to Actions (No Basis for Action Codes Required)

- 3515 Reinstatement
- 3516 Reinstatement Denied

¹ These codes are for HHS Office of Inspector General use only. In cases in which the HHS OIG submits an Exclusion or Debarment action, the HHS OIG may not select multiple Adverse Action Classification Codes when reporting either of the following two codes: Exclusion from Medicare, Medicaid and all other Federal Health Care Programs, or Exclusion from Medicare and State Health Care Programs. Additional actions should be submitted in separate reports.

All other reporters of Exclusion or Debarment actions may select any available Adverse Action Classification Code alone or in combination, except for the two codes noted above.

List H-3
Adverse Action Classification Codes - Organization Subjects – Federal or State Licensure

Federal or State Licensure

Licensure — Actions

3111	Revocation of License or Certificate
3136	Suspension of License or Certificate
3141	Voluntary Surrender of License or Certificate
3143	Conditional or Probationary License or Certificate
3144	Denial of License or Certificate Renewal
3145	Denial of Initial License or Certificate
3202	Directed Plan of Correction
3203	On-Site Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3220	Receivership
3225	Liquidation
3230	Civil Money Penalty
3233	Publicly Available Fine/Monetary Penalty
3239	Other Licensure Action - Not Classified, Specify, _____

Licensure — Revisions to Actions (No Basis for Action Codes Required)

3281	License or Certificate Restored or Reinstated, Complete
3283	License or Certificate Restored or Reinstated, Conditional
3286	License or Certificate Restoration or Reinstatement Denied
3295	Reduction of Previous Action
3296	Extension of Previous Action

List H-4**Adverse Action Classification Codes - Organization Subjects – Government Administrative****Government Administrative****Government Administrative Actions**

3202	Directed Plan of Correction
3203	On-Site Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3230	Civil Money Penalty
3232	Administrative Fine/Monetary Penalty
3510	Termination of Medicare or Other Federal Health Care Program Participation
3512	Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
3513	Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause
3517	Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
3518	Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause
3520	Contract Termination
3540	Marketing Activities Suspended or Restricted
3542	Beneficiary Enrollment Suspended
3551	Termination of Medicaid or Other State Health Care Program Participation
3589	Other Action - Not Classified, Specify, _____

Other Adverse Action - Revisions to Actions (No Basis for Action Codes Required)

3590	Reinstatement
3592	Reinstatement Denied
3595	Reduction of Previous Action
3596	Extension of Previous Action

List I**Adverse Action Classification Codes – Retired¹**

1172	Administrative Fine/Monetary Penalty
1636	Voluntary Acceptance of Restrictions on Privileges
1699	Reversal of Previous Action Due to Appeal or Review
1799	Reversal of Previous Action Due to Appeal or Review

¹ Retired Codes are not available for submitting on new reports but may appear on Notice of Appeal report responses.

List J-1**Basis for Action Codes - Individual Subjects – Clinical Privileges/Professional Society****Clinical Privileges and Professional Society****Non-Compliance With Federal, State or Contractual Requirements**

- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- A4 Practicing Without a Valid License
- 29 Practicing Beyond the Scope of Practice
- A8 Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
- AD Surrendered Clinical Privileges
- AB Practicing Beyond the Scope of Privileges
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- AA Failure to Comply With Corrective Action Plan

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Misconduct or Abuse

- 14 Patient Abuse
- D1 Sexual Misconduct
- D2 Non-Sexual Dual Relationship or Boundary Violation
- 71 Conflict of Interest
- 16 Misappropriation of Patient Property or Other Property
- 10 Unprofessional Conduct

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E3 Filing False Reports or Falsifying Records
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- 81 Misrepresentation of Credentials
- 05 Fraud – Unspecified

Unsafe Practice or Substandard Care

- F1 Immediate Threat to Health or Safety
- F2 Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
- F3 Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
- F4 Unable to Practice Safely by Reason of Physical Illness or Impairment
- F5 Unable to Practice Safely
- F6 Substandard or Inadequate Care
- F7 Substandard or Inadequate Skill Level
- F8 Failure to Consult or Delay in Seeking Consultation With Supervisor/Proctor
- 11 Incompetence
- 12 Malpractice
- 13 Negligence
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

List J-1 (continued)**Basis for Action Codes - Individual Subjects – Clinical Privileges/Professional Society****Improper Supervision or Allowing Unlicensed Practice**

- G1 Improper or Inadequate Supervision or Delegation
- G2 Allowing or Aiding Unlicensed Practice

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication
- H6 Diversion of Controlled Substance

Other

- 99 Other - Not Classified, Specify, _____

List J-2
Basis for Action Codes - Individual Subjects – Health Plan Action

Health Plan Action

Non-Compliance With Federal, State or Contractual Requirements

- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- A4 Practicing Without a Valid License
- 29 Practicing Beyond the Scope of Practice
- A8 Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
- A9 Failure to Meet or Comply With Contractual Obligations or Participation Requirements
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 43 Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- 82 Debarment From Federal or State Program
- AA Failure to Comply With Corrective Action Plan

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Misconduct or Abuse

- 14 Patient Abuse
- D1 Sexual Misconduct
- D2 Non-Sexual Dual Relationship or Boundary Violation
- 71 Conflict of Interest
- 16 Misappropriation of Patient Property or Other Property
- 10 Unprofessional Conduct

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E2 Providing or Ordering Unnecessary Tests or Services
- E3 Filing False Reports or Falsifying Records
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- 81 Misrepresentation of Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

Unsafe Practice or Substandard Care

- F1 Immediate Threat to Health or Safety
- F2 Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
- F3 Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
- F4 Unable to Practice Safely by Reason of Physical Illness or Impairment
- F5 Unable to Practice Safely
- F6 Substandard or Inadequate Care
- F7 Substandard or Inadequate Skill Level
- F8 Failure to Consult or Delay in Seeking Consultation With Supervisor/Proctor
- 11 Incompetence
- 12 Malpractice
- FB Excessive Malpractice Cases/Extensive Malpractice History
- 13 Negligence
- 15 Patient Neglect
- F9 Patient Abandonment

List J-2 (continued)
Basis for Action Codes - Individual Subjects – Health Plan Action

FA Inappropriate Refusal to Treat
53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

Improper Supervision or Allowing Unlicensed Practice

G1 Improper or Inadequate Supervision or Delegation
G2 Allowing or Aiding Unlicensed Practice

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

H1 Narcotics Violation or Other Violation of Drug Statutes
H2 Unauthorized Prescribing of Medication
H3 Unauthorized Dispensing of Medication
H4 Unauthorized Administration of Medication
H5 Error in Prescribing, Dispensing or Administering Medication
H6 Diversion of Controlled Substance

Other

99 Other - Not Classified, Specify, _____

List J-3
Basis for Action Codes – Individual Subjects – Exclusion/Debarment

Exclusion or Debarment

Criminal Conviction

- 60 Felony Conviction Relating to Health Care Fraud
- 61 Felony Conviction Relating to Controlled Substance Violations
- 62 Program-Related Conviction
- 63 Conviction Relating to Patient Abuse or Neglect
- 64 Conviction Relating to Fraud
- 65 Conviction Relating to Obstruction of an Investigation
- 66 Conviction Relating to Controlled Substances
- 69 Criminal Conviction - Not Classified

Other

- H1 Narcotics Violation or Other Violation of Drug Statutes
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 41 Entities Owned or Controlled by a Sanctioned Individual
- 42 Individuals Controlling Sanctioned Entities
- 44 Default on Health Education Loan or Scholarship Obligations
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 46 Failure to Grant Immediate Access
- 47 Failure to Take Corrective Action
- 51 Failure to Perform Contractual Obligations
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services
- 54 Furnishing Unnecessary or Substandard Items or Services
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- 57 Fraud, Kickbacks and Other Prohibited Activities
- 58 Imposition of Civil Money Penalty or Assessment
- 59 Peer Review Organization Recommendation
- 71 Conflict of Interest
- A6 Violation of Federal or State Statutes, Regulations or Rules
- 99 Other - Not Classified, Specify, _____

List J-4
Basis for Action Codes – Individual Subjects – Federal or State Licensure

Federal or State Licensure

Non-Compliance With Federal, State or Contractual Requirements

- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A1 Failure to Meet the Initial Requirements of a License
- A2 Failure to Comply With Continuing Education or Competency Requirements
- A3 Failure to Meet Licensing Board Reporting Requirements
- A4 Practicing Without a Valid License
- A5 Violation of or Failure to Comply With Licensing Board Order
- 29 Practicing Beyond the Scope of Practice
- 31 Failure to Comply With Health and Safety Requirements
- 44 Default on Health Education Loan or Scholarship Obligations
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Misconduct or Abuse

- 14 Patient Abuse
- D1 Sexual Misconduct
- D2 Non-Sexual Dual Relationship or Boundary Violation
- 71 Conflict of Interest
- D3 Exploiting a Patient for Financial Gain
- 16 Misappropriation of Patient Property or Other Property
- 10 Unprofessional Conduct

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E2 Providing or Ordering Unnecessary Tests or Services
- E3 Filing False Reports or Falsifying Records
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- 81 Misrepresentation of Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

Unsafe Practice or Substandard Care

- F1 Immediate Threat to Health or Safety
- F2 Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
- F3 Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
- F4 Unable to Practice Safely by Reason of Physical Illness or Impairment
- F5 Unable to Practice Safely
- F6 Substandard or Inadequate Care
- F7 Substandard or Inadequate Skill Level
- F8 Failure to Consult or Delay in Seeking Consultation With Supervisor/Proctor
- 11 Incompetence
- 12 Malpractice
- 13 Negligence
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

List J-4 (continued)
Basis for Action Codes – Individual Subjects – Federal or State Licensure

Improper Supervision or Allowing Unlicensed Practice

- G1 Improper or Inadequate Supervision or Delegation
- G2 Allowing or Aiding Unlicensed Practice

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication
- H6 Diversion of Controlled Substance

Other

- 99 Other - Not Classified, Specify, _____

List J-5
Basis for Action Codes – Individual Subjects – Government Administrative

Government Administrative

Non-Compliance With Federal, State or Contractual Requirements

- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- A4 Practicing Without a Valid License
- A5 Violation of or Failure to Comply With Licensing Board Order
- 44 Default on Health Education Loan or Scholarship Obligations
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- A8 Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
- 51 Failure to Perform Contractual Obligations
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 43 Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- 82 Debarment From Federal or State Program
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Misconduct or Abuse

- 14 Patient Abuse
- D1 Sexual Misconduct
- D2 Non-Sexual Dual Relationship or Boundary Violation
- 71 Conflict of Interest
- 16 Misappropriation of Patient Property or Other Property
- 10 Unprofessional Conduct

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E2 Providing or Ordering Unnecessary Tests or Services
- E3 Filing False Reports or Falsifying Records
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- 81 Misrepresentation of Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

Unsafe Practice or Substandard Care

- F1 Immediate Threat to Health or Safety
- F2 Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
- F3 Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
- F4 Unable to Practice Safely by Reason of Physical Illness or Impairment
- F5 Unable to Practice Safely
- F6 Substandard or Inadequate Care
- F7 Substandard or Inadequate Skill Level
- F8 Failure to Consult or Delay in Seeking Consultation With Supervisor/Proctor
- 11 Incompetence
- 12 Malpractice
- 13 Negligence

List J-5 (continued)
Basis for Action Codes – Individual Subjects – Government Administrative

15 Patient Neglect
F9 Patient Abandonment
FA Inappropriate Refusal to Treat
53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

Improper Supervision or Allowing Unlicensed Practice

G1 Improper or Inadequate Supervision or Delegation
G2 Allowing or Aiding Unlicensed Practice

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

H1 Narcotics Violation or Other Violation of Drug Statutes
H2 Unauthorized Prescribing of Medication
H3 Unauthorized Dispensing of Medication
H4 Unauthorized Administration of Medication
H5 Error in Prescribing, Dispensing or Administering Medication
H6 Diversion of Controlled Substance

Other

99 Other - Not Classified, Specify, _____

List K-1
Basis for Action Codes - Organization Subjects – Health Plan Action

Health Plan Action

Non-Compliance With Federal, State or Contractual Requirements

- 31 Failure to Comply With Health and Safety Requirements
- 32 Lack of Appropriately Qualified Professionals
- AC Failure to Maintain Equipment/Missing or Inadequate Equipment
- 34 Financial Insolvency
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 43 Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 47 Failure to Take Corrective Action
- 51 Failure to Perform Contractual Obligations
- 82 Debarment From Federal or State Program
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Conflict of Interest

- 71 Conflict of Interest

Fraud, Deception or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E3 Filing False Reports or Falsifying Records
- E2 Providing or Ordering Unnecessary Tests or Services
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

Substandard Care or Patient Neglect/Abuse

- F6 Substandard or Inadequate Care
- 14 Patient Abuse
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services
- FC Negligent Credentialing

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication

Other

- 99 Other - Not Classified, Specify, _____

List K-2
Basis for Action Codes - Organization Subjects – Exclusion or Debarment

Exclusion or Debarment

Criminal Conviction

- 60 Felony Conviction Relating to Health Care Fraud
- 61 Felony Conviction Relating to Controlled Substance Violations
- 62 Program-Related Conviction
- 63 Conviction Relating to Patient Abuse or Neglect
- 64 Conviction Relating to Fraud
- 65 Conviction Relating to Obstruction of an Investigation
- 66 Conviction Relating to Controlled Substances
- 69 Criminal Conviction - Not Classified

Other

- H1 Narcotics Violation or Other Violation of Drug Statutes
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 41 Entities Owned or Controlled by a Sanctioned Individual
- 42 Individuals Controlling Sanctioned Entities
- 44 Default on Health Education Loan or Scholarship Obligations
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 46 Failure to Grant Immediate Access
- 47 Failure to Take Corrective Action
- 51 Failure to Perform Contractual Obligations
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services
- 54 Furnishing Unnecessary or Substandard Items or Services
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- 57 Fraud, Kickbacks and Other Prohibited Activities
- 58 Imposition of Civil Money Penalty or Assessment
- 59 Peer Review Organization Recommendation
- 71 Conflict of Interest
- A6 Violation of Federal or State Statutes, Regulations or Rules
- 99 Other - Not Classified, Specify, _____

List K-3
Basis for Action Codes - Organization Subjects – Federal or State Licensure

Federal or State Licensure

Non-Compliance With Federal, State or Contractual Requirements

- A1 Failure to Meet the Initial Requirements of a License
- A3 Failure to Meet Licensing Board Reporting Requirements
- 31 Failure to Comply With Health and Safety Requirements
- 32 Lack of Appropriately Qualified Professionals
- AC Failure to Maintain Equipment/Missing or Inadequate Equipment
- 34 Financial Insolvency
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 47 Failure to Take Corrective Action
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Conflict of Interest

- 71 Conflict of Interest

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E3 Filing False Reports or Falsifying Records
- E2 Providing or Ordering Unnecessary Tests or Services
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

Substandard Care or Patient Neglect/Abuse

- F6 Substandard or Inadequate Care
- 14 Patient Abuse
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication

Other

- 99 Other - Not Classified, Specify, _____

List K-4
Basis for Action Codes - Organization Subjects – Government Administrative

Government Administrative

Non-Compliance With Federal, State or Contractual Requirements

- 31 Failure to Comply With Health and Safety Requirements
- 32 Lack of Appropriately Qualified Professionals
- AC Failure to Maintain Equipment/Missing or Inadequate Equipment
- 34 Financial Insolvency
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 43 Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 47 Failure to Take Corrective Action
- 48 Failure to Obtain a Surety Bond
- 49 Failure to Comply With the Composition of Enrollment Requirements
- 51 Failure to Perform Contractual Obligations
- 82 Debarment From Federal or State Program
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Conflict of Interest

- 71 Conflict of Interest

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E3 Filing False Reports or Falsifying Records
- E2 Providing or Ordering Unnecessary Tests or Services
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

Substandard Care or Patient Neglect/Abuse

- F6 Substandard or Inadequate Care
- 14 Patient Abuse
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services
- FC Negligent Credentialing

List K-4 (continued)
Basis for Action Codes - Organization Subjects – Government Administrative

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication

Other

- 99 Other - Not Classified, Specify, _____

List L
Basis for Action Codes - Retired ¹

01	Alcohol and/or Other Substance Abuse
03	Narcotics Violations
06	Insurance Fraud – Medicare or Other Federal Government Program
07	Insurance Fraud – Medicaid or Other State Government Program
08	Insurance Fraud – Non-Government or Private Insurance
09	Fraud in Obtaining License or Credentials
20	Mental Disorder
22	Advertising or Marketing Services or Products That Are Discriminatory, Misleading, False, or Deceptive
30	Allowing Unlicensed Person to Practice
74	Violation of Federal or State Antitrust Statute
75	Violation of Drug-Free Workplace Act
76	Violation of Immigration and Nationality Act Employment Provisions
77	Violation of Americans With Disabilities Act or Applicable Federal and State Laws
78	Violation of Civil Rights Act or Applicable Federal and State Laws
80	Physical Impairment
83	Hospital Privileges Restricted, Suspended or Revoked

¹ Retired Codes are not available for submitting on new reports but may appear on Notice of Appeal report responses.

List M
Type of Action

Code	Type	Description
1	Licensure (State Licensure)	State licensure actions are adverse actions taken by a State licensing authority related to the license, certification or registration of a health care provider, practitioner, or supplier. State licensing actions include State professional and health care facility licensing sanctions. State licensing actions against physicians and dentists are reportable to the NPDB under provisions of Title IV of the <i>Health Care Quality Improvement Act of 1986</i> , as amended, and 45 CFR Part 60. State licensing actions against health care practitioners, providers, and suppliers are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
2	Licensure (Federal Licensure)	Federal licensure actions are adverse actions taken by a Federal licensing authority related to the license, certification or registration of a health care provider, practitioner, or supplier. Federal licensure actions include Federal CLIA certification actions, Federal DEA registration actions, and Federal FDA licensing/certification/registration actions. These actions are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61. DEA registration actions against health care practitioners also are reportable to the NPDB under Title IV of the <i>Health Care Quality Improvement Act of 1986</i> , as amended, and 45 CFR Part 60.
3	Clinical Privilege (Includes Panel Membership)	Clinical privilege actions are adverse actions taken by a hospital or other health care entity related to its authorization of a health care practitioner to provide health care services, including actions related to a practitioner's membership on the medical staff or panel. These actions are reportable to the NPDB under Title IV of the <i>Health Care Quality Improvement Act of 1986</i> , as amended, and 45 CFR Part 60.
4	Health Plan	Health plan actions are adverse actions that are taken by a health plan against a health care practitioner, provider or supplier and that are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR part 61. These actions must meet the regulatory definition of "other adjudicated actions," which requires that they: 1) be formal or official actions; 2) include the availability of a due process mechanism; and 3) be based on act(s) or omission(s) that affect or could affect the payment, provision or delivery of a health care item or service. The definition specifically excludes clinical privileging actions or paneling decisions (which normally are the result of a formal peer review process). However, quality actions that include the availability of due process are reportable. An example of a reportable health plan action would be the termination of a practitioner's contract to provide health care services, as long as it meets the three specified criteria.
5	Exclusion or Debarment	Exclusion or debarment of a practitioner, provider, or supplier from participating in and/or contracting with a Federal or State health care program is an adverse action that is reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61. Exclusion of a practitioner from the Medicare and Medicaid programs is reportable to the NPDB under a Memorandum of Understanding with the Office of Inspector General, and the Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services.
6	Professional Society	Professional Society actions are adverse actions taken by an association of health care practitioners that follows a formal peer review process for the purpose of furthering quality health care. These actions are reportable to the NPDB under provisions of Title IV of the <i>Health Care Quality Improvement Act of 1986</i> , as amended, and 45 CFR Part 60.
7	RESERVED	
8	RESERVED	
9	Government Administrative	Government administrative actions are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61. They encompass adverse actions reportable to HIPDB that are not elsewhere classified. This category includes any publicly available negative action or finding by a Federal or State agency that certifies health care practitioners, providers, or suppliers for participation in a government health care program. In addition, other government administrative actions include any other adjudicated action or decision by an authorized Federal or State agency against a health care practitioner, provider, or supplier. These adjudicated actions or decisions may include, for example, personnel actions and employment disqualifications, and contract terminations.

List N Error Codes

Code	Description
01	Format of information in subject record(s) was in error.
05	SQL error.
06	Invalid transaction code entered.
07	Invalid Data Bank ID.
08	Invalid password.
13	This agent does not have the authority to act for entity.
20	All or part of subjects name is missing or invalid. At least one name is required, and each provided name requires a first and last name.
23	Incomplete subject Occupation/Field of Licensure information. For each license number you provide, you must also provide a valid, two-letter abbreviation for the U.S. State from where the license was issued, and a valid, three-digit Occupation/Field of Licensure code.
25	All or part of school information is missing or illegible: professional school information must include both the name of the professional health care school attended and the year the subject graduated. If the subject did not graduate, provide the last year he or she attended the school-this will be presented on the response as the subject year of graduation.
26	Invalid Drug Enforcement Administration number.
27	Invalid Social Security Number.
28	Missing, invalid, or illegible date of birth. Date of birth must be at least 15 years before today's date and after 1900.
29	Invalid gender code.
30	Adverse Action Report data is missing or illegible: required information is missing in section C of the Adverse Action Report you submitted. Each of the fields in this section must be completed legibly. Please submit a new, fully completed adverse action report to the Data Bank(s). Do not reference Data Bank Control Number of this rejection notice on your new report. If this rejected report was an initial report, you must submit a new initial report; if a correction or void was rejected, you must resubmit your correction or void as if this rejected report was never submitted to the Data Bank(s).
31	Invalid Adverse Action Classification code.
32	Invalid Adverse Action type code: the type of Adverse Action taken (licensure, clinical privileges, or professional society membership) was not indicated in field 3 of your Adverse Action Report form, or more than one type was marked. Please submit a new, fully completed Adverse Action Report to the Data Bank(s), indicating the type of adverse action your organization is reporting. Do not reference the document control number of this rejection notice on your new report. If this rejected report was an initial report, you must submit a new initial report; if a correction or void was rejected, you must resubmit your correction or void as if this rejected report was never submitted to the Data Bank(s).
39	All or part of certification is missing: you must provide your printed name, your title (except for individual subject self-queries), your daytime telephone number, your signature, and the date you signed the form. Please submit a new, fully completed form to the Data Bank(s).
46	Data Bank Control Number of report to be voided or corrected is missing or invalid.
50	Valid Data Bank Control Number of report to be corrected or voided was not provided.
52	Attempted to correct or void a report that has been previously voided or replaced by a corrected version.
57	Control character (non-alphanumeric) found in file.
69	Graduation year is inconsistent with year of birth: the subject's date of birth and year of graduation must be at least 15 years apart.
70	Length of action is missing or contains more than two digits.
71	Invalid Agent Identification Number.
72	Entity does not have active status
73	Agent does not have active status.
74	Possible @ sign in data.
77	Invalid certification phone number.
78	Invalid certification phone extension.
79	Invalid subject deceased flag.
81	Invalid subject address.
87	Unable to read certification data record.
A1	Invalid type of adverse action.
A2	Missing program name.
A3	Invalid or duplicate Adverse Action Classification code.
A4	Invalid entry for total amount of monetary penalty, assessment, restitution and/or fine.

List N (continued)
Error Codes

Code	Description
A5	Invalid entry for date of action, date of finding, or date action became effective.
A6	Invalid length of action.
A7	Invalid entry in automatic reinstatement field.
A8	Missing narrative description.
A9	Invalid entries in the publicly available or professional competence or conduct field.
AA	Invalid combination of Adverse Action Classification codes. State Licensure actions taken against physicians, dentists, or medical or dental residents may not contain multiple codes when one of the following codes is reported: 1139, 1149, or 1189. Federal Licensure actions taken by the DEA against health care practitioners may not contain multiple codes when one of the following codes is reported: 1149, 1173, or 1189. Exclusion/Debarment actions taken by the HHS Office of Inspector General may not contain multiple codes when one of the following codes is reported: 1508, 1509, 3508, or 3509. Additional actions should be submitted in separate reports.
AC	Length of action information should not be included in the report for the selected Adverse Action Classification codes.
AD	The name of the agency or program that took the adverse action must not be specified for Clinical Privilege or Professional Society actions.
AF	This agent user ID does not have authority to perform this action for this entity.
B1	Incomplete individual subject Occupation/Field of Licensure.
B2	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued and a valid, three-digit Occupation/Field of Licensure code must be provided. License Numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number. An Occupation/Field of Licensure Description is required if the Occupation/Field of Licensure code is "Other", and not allowed otherwise.
B3	The specialty code selected is either invalid or incompatible with the occupation/field of licensure code selected. Physician specialty codes should only be used for physicians (occupation/field of licensure codes 010, 015, 020 and 025). Dental specialty codes should only be used for dentists (occupation/field of licensure codes 030 and 035).
B4	Invalid organization subject license number.
B5	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued must be provided. License numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number.
B6	Invalid organization subject license number State field.
B7	Incomplete short organization subject data record.
BA	Specialty code is a required field for this occupation/field of licensure selection.
C0	Incomplete or invalid Organization Name or Type information. For each organization, you must provide a valid Organization Name and Organization Type. An Other Description is required if the Organization Type is 999, and not allowed otherwise.
C4	Invalid Food and Drug Administration number(s).
C5	Invalid National Provider Identifier(s).
C6	Invalid Federal Employer Identification Number(s).
C7	Invalid affiliation data. For each provided affiliate, a valid name is required. If an affiliate address is provided, the city and state (or city and country) are required. An Other Description is required if the Nature of Relationship code is 999, and not allowed otherwise.
C8	Invalid appeal information. Specify if the report is on appeal, and only provide an appeal date if the report is on appeal.
CE	At least one SSN or FEIN must be provided for Organization Subject.
D0	Invalid deceased date.
D2	Invalid health care entity definition entry.
D3	Invalid type of organization.
D5	Missing or invalid Basis for Action code.
D6	Report is not valid under any NPDB-HIPDB statutory authority.
D7	This type of report does not accept notices of appeal.
D8	You do not have the statutory authority to submit a notice of appeal for this report.
D9	Professional school and year of graduation should not be present for non-practitioners.
DA	Missing or invalid basis for action description.

List N (continued)
Error Codes

Code	Description
E0	Missing basis code.
E1	No basis code should be present for revision to actions.
E4	Publicly available field should not be filled in.
E5	Missing competence or conduct basis entry.
E6	Competence or conduct entry not applicable to your report.
F2	The NPDB-HIPDB no longer accepts Adverse Action Reports submitted via disk. All Adverse Action Reports submitted to the NPDB-HIPDB must be submitted through the Integrated Querying and Reporting Service found on the World Wide Web at www.npdb-hipdb.hrsa.gov .
F4	A correction transaction attempted to correct a revision to action report.
F5	A revision to action transaction attempted to modify certain fields that must contain the same information as the report being revised: 'Type of Action', 'Occupation/Field of Licensure' if you are filing a report on an individual subject, as well as 'Competence/Conduct Basis' if you are filing a State licensure report on an individual subject, or 'Health Care Entity Definition' if you are filing a State licensure report on an organizational subject.
F6	The previous DCN did not match a report in the Data Bank.
I1	Invalid Individual Taxpayer Identification Number(s).
I2	At least one ITIN or SSN must be provided for Individual Subject.
I3	At least one ITIN, SSN or FEIN must be provided for Organization Subject.
IN	ITIN not allowed for this report type.
R1	All or part of certification information is missing.
R2	Invalid affiliate address.
R9	You do not have the correct statutory authority to submit this report.
RB	Due to the publication of final regulations implementing Section 1921 of the Social Security Act, the DBID for your organization must be renewed before the submission file can be processed by the Data Banks. The certifying official for your organization must review the new Section 1921 statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed your registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. You will receive Data Bank Correspondence once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration on the registration confirmation screen within the IQRS. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RC	Due to the publication of final regulations implementing Section 1921 of the Social Security Act, the DBID for your organization must be renewed before the submission file can be processed by the Data Banks. The certifying official for your organization must review the new Section 1921 statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RD	Due to the publication of final regulations implementing Section 1921 of the Social Security Act, the DBID for the entity on whose behalf you are submitting the file must be renewed before the submission file can be processed by the Data Banks. As part of the renewal process, the certifying official of the entity on whose behalf you are submitting the file must review the new Section 1921 statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html . Once the certifying official has reviewed these statutory authorities, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.

List N (continued)
Error Codes

Code	Description
RE	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed the registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. Data Bank Correspondence will be sent once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration below. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RF	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RG	The DBID for the entity on whose behalf you are submitting the file must be renewed before the submission file can be processed by the Data Banks. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. As part of the renewal process, the certifying official of the entity on whose behalf you are submitting the file must review the NPDB-HIPDB statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html . Once the certifying official has reviewed these statutory authorities, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RH	File is not compliant with the current format version of the latest Interface Control Document (ICD). Please review the appropriate ICD specification for the type of transaction you wish to submit and update your ICD transaction files.

List O
Adverse Action Report Transaction Codes

Code	Description
A2	Initial: The first record of an adverse action that is submitted to and processed by the Data Bank(s). An Initial Report is the current version of the report until a Revision to Action, Correction, Void, or Notice of Appeal is submitted.
A4	Correction: A report that corrects an error or omission in an existing report. The Correction will supersede the contents of the current version of a report in the Data Bank(s). It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary. Note: You may not correct a Revision to Action report. To correct a Revision to Action report, you must first void the Revision to Action report, then resubmit it.
A5	Void for Organization Subject: The retraction of a report in its entirety from the Data Bank(s). The report is removed from the subject's disclosable record.
A6	Void for Individual Subject: The retraction of a report in its entirety from the Data Bank(s). The report is removed from the subject's disclosable record.
A7	Revision to Action: A new action that relates to and modifies a previously reported adverse action, (e.g., reinstatement of a license, extension of an exclusion from a Government program, restrictions of clinical privileges lifted, previously stayed license revocation imposed, etc.). Note: To correct a Revision to Action report, you must first void the Revision to Action report, then resubmit it.
A8	Notice of Appeal for an Organization Subject: A report notifying the HIPDB that a subject has formally appealed a previously reported adverse action. Reporting entities must submit a Notice of Appeal whenever a previously reported adverse action is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report. There is no legal requirement for this type of report to be submitted to the NPDB.
A9	Notice of Appeal for an Individual Subject: A report notifying the HIPDB that a subject has formally appealed a previously reported adverse action. Reporting entities must submit a Notice Appeal whenever a previously reported adverse action is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report. There is no legal requirement for this type of report to be submitted to the NPDB.

5. Sample Files

Note that in the sample files the end of a line is marked by “\n.” The “\n” represents the newline character that should appear in the file. **Actual transaction files should not use the characters “\” and “n” to indicate the end of a record.**

Sample 1A: Government Administrative Initial Report on an Individual Subject - Submission

HDR~123123123123123~MyPass12~A2~R8.0~29494621~07232003~~JohnSmith~\n
 AART~9~I~\n
 ISUBJ~ABAGNALE~FRANCIS~W~JR.~M~123 FIFTH AVENUE~~ANYWHERE~NH~~02222~~ANYTOWN FAMILY PRACTICE~365~~123 FOURTH
 STREET~~ANYWHERE~ME~~01111~~04011968~N~~\n
 ALIAS~ABAGNALE~FRANK~~~\n
 SSN~000112222~111223333~\n
 ITIN~\n
 GRAD~UNIVERSITY1~1990~UNIVERSITY2~1995~UNIVERSITY3~1997~\n
 ISOFL~010~~78999~KY~25~030~~12345~KY~D6~010~~87686896~CO~05~\n
 DEA~\n
 FEIN~987654321~\n
 NPI~\n
 UPIN~\n
 AFF~AFFILIATE 1~ONE FRANKLIN SQ.~~ANYCITY~CT~~01111~~~\n
 CAAR~~MEDICAL REPORTING AGENCY~25.00~06202003~07012003~S~2~2~Y~Description of Acts or Omissions~~~1518~~\n
 APEAL~N~~\n
 BACTN~A4~~A5~~\n
 CERT~John Smith~Submitter~1234567890~1234~07232003~\n
 ER~#23BART~\n
 CUSE~\n
 TRLR~\n

Sample 1B: Government Administrative Initial Report on an Individual Subject - Response

HDR~123123123123123~MyPass12~A2~R8.0~29494621~07232003~~JOHNSMITH~\n
RSTA~7950000029494623~07232003~R~\n
AART~9~I~I~07232003~07232003~N~Y~N~Y~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~123 FIFTH AVENUE~ANYWHERE~NH~02222~ANYTOWN FAMILY PRACTICE~365~123 FOURTH
STREET~ANYWHERE~ME~01111~04011968~N~\n
DEA~~~~~\n
ISOFL~010~78999~KY~25~030~12345~KY~D6~010~87686896~CO~05~~~~~\n
GRAD~UNIVERSITY1~1990~UNIVERSITY2~1995~UNIVERSITY3~1997~~~~~\n
ALIAS~ABAGNALE~FRANK~~~~~\n
SSN~000112222~111223333~~~~\n
ITIN~~~~~\n
FEIN~987654321~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
AFF~AFFILIATE 1~ONE FRANKLIN SQ.~ANYCITY~CT~01111~~~~~\n
CAAR~7950000029494623~MEDICAL REPORTING AGENCY~25.00~06202003~07012003~S~2~2~Y~DESCRIPTION OF ACTS OR OMISSIONS~1518~~~~~\n
APEAL~N~\n
BACTN~A4~A5~~~~~\n
RSDR~~~~~N~\n
CERT~JOHN SMITH~SUBMITTER~1234567890~1234~07232003~\n
RPOC~~~~~\n
ISUPPL~~~~~\n
ER~#23BART~\n
CUSE~\n
TRLR~\n

Sample 2A: Government Administrative Initial Report on an Organization Subject - Submission

HDR~123123123123123~MyPass12~A2~R8.0~29494639~07232003~~JohnSmith~\n
AART~9~E~\n
ESUBJ~ORGANIZATION NAME~321 ELM STREET~~XVILLE~WA~~99999~~393~~~\n
OENAM~ALTERNATE ORGANIZATION NAME~\n
SSN~123123123~\n
ITIN~\n
POO~OFFICERLAST~OFFICERFIRST~OFFICERMIDDLE~~OFFICERTITLE~\n
ESLN~NO LICENSE~~\n
DEA~DEA797659569~\n
CLIA~\n
FDA~9879~5454~7658~9879~1234~3333~\n
FEIN~344443444~455545554~\n
NPI~\n
AFF~AFFILIATED ENTITY~ADDRESSONE~ADDRESSTWO~CITY~WA~~99999~~999~OTHER RELATIONSHIP DESCRIPTION~\n
MEDICAREP~\n
CAAR~~MEDICAL REPORTING AGENCY~7.25~06012003~06012003~I~~~~N~Text Description~~~3202~~~\n
APEAL~N~~\n
BACTN~43~~34~~~\n
CERT~John Smith~Submitter~1234567890~1~07232003~\n
ER~56ABC34-B~\n
CUSE~\n
TRLR~\n

Sample 2B: Government Administrative Initial Report on an Organization Subject - Response

HDR~123123123123123~MyPass12~A2~R8.0~29494639~07232003~JOHNSMITH~\n
 RSTA~7950000029494640~07232003~R~\n
 AART~9~E~I~07232003~07232003~N~Y~N~Y~\n
 ESUBJ~ORGANIZATION NAME~321 ELM STREET~XVILLE~WA~99999~393~\n
 DEA~DEA797659569~\n
 ESLN~NO LICENSE~\n
 CLIA~\n
 OENAM~ALTERNATE ORGANIZATION NAME~\n
 SSN~123123123~\n
 ITIN~\n
 FEIN~344443444~455545554~\n
 NPI~\n
 MEDICAREP~\n
 FDA~9879~5454~7658~9879~1234~3333~\n
 POO~OFFICERLAST~OFFICERFIRST~OFFICERMIDDLE~OFFICERTITLE~\n
 AFF~AFFILIATED ENTITY~ADDRESSONE~ADDRESSTWO~CITY~WA~99999~999~OTHER RELATIONSHIP DESCRIPTION~\n
 CAAR~7950000029494640~MEDICAL REPORTING AGENCY~7.25~06012003~06012003~I~N~TEXT DESCRIPTION~3202~\n
 APEAL~N~\n
 BACTN~43~34~\n
 RSDR~N~\n
 CERT~JOHN SMITH~SUBMITTER~1234567890~1~07232003~\n
 RPOC~MATTHEW BRODY~REPORTING SPECIALIST~703111222~\n
 ESUPPL~ANOTHER ORG NAME~\n
 ER~56ABC34-B~\n
 CUSE~\n
 TRLR~\n

Sample 3A: Exclusion/Debarment Correction Report on an Individual Subject - Submission

HDR~123123123123123~MyPass12~A4~R8.0~29494626~07232003~JohnSmith~\n
AART~5~I~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~123 FIFTH AVENUE~ANYWHERE~NH~02222~ANYTOWN FAMILY PRACTICE~365~123 FOURTH
STREET~ANYWHERE~ME~01111~04011968~N~\n
ALIAS~ABAGNALE~FRANK~\n
SSN~000112222~111223333~\n
ITIN~923782398~923723848~974782938~938728377~\n
GRAD~UNIVERSITY1~1990~UNIVERSITY2~1995~UNIVERSITY3~1997~\n
ISOFL~010~78999~KY~25~030~12345~KY~D6~020~87686896~CO~05~\n
DEA~DEA66666~\n
FEIN~987654321~\n
NPI~111111111~\n
UPIN~\n
AFF~AFFILIATE 1~ONE FRANKLIN SQ.~ANYCITY~CT~01111~\n
CAAR~7950000029494624~MEDICAL REPORTING AGENCY~07042003~07052003~S~1~1~N~SAMPLE DESCRIPTON~1500~\n
APEAL~Y~07202003~\n
BACTN~64~\n
CERT~John Smith~Submitter~1234567890~07232003~\n
ER~Claim#456321~\n
CUSE~\n
TRLR~\n

Sample 3B: Exclusion/Debarment Correction Report on an Individual Subject - Response

HDR~123123123123123~MyPass12~A4~R8.0~29494626~07232003~~JOHNSMITH~\n
RSTA~7950000029494628~07232003~R~\n
AART~5~I~C~07232003~07232003~N~Y~N~Y~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~123 FIFTH AVENUE~ANYWHERE~NH~02222~ANYTOWN FAMILY PRACTICE~365~123 FOURTH
STREET~ANYWHERE~ME~01111~04011968~N~\n
DEA~DEA66666~~~~\n
ISOFL~010~78999~KY~25~030~12345~KY~D6~020~87686896~CO~05~~~~~\n
GRAD~UNIVERSITY1~1990~UNIVERSITY2~1995~UNIVERSITY3~1997~~~~~\n
ALIAS~ABAGNALE~FRANK~~~~~\n
SSN~000112222~111223333~~~~\n
ITIN~923782398~923723848~974782938~938728377~\n
FEIN~987654321~~~~\n
NPI~1111111111~~~~\n
UPIN~~~~~\n
AFF~AFFILIATE 1~ONE FRANKLIN SQ.~ANYCITY~CT~01111~~~~~\n
CAAR~7950000029494628~MEDICAL REPORTING AGENCY~07042003~07052003~S~1~1~N~SAMPLE DESCRIPTON~1500~~~~~\n
APEAL~Y~07202003~\n
BACTN~64~~~~~\n
PDCN~7950000029494624~\n
RSDR~~~~~Y~\n
CERT~JOHN SMITH~SUBMITTER~1234567890~07232003~\n
RPOC~~~~~\n
ISUPPL~07252003~~~~~\n
ER~Claim#456321~\n
CUSE~~~\n
TRLR~\n

Sample 4A: State Licensure Correction Report on an Organization Subject - Submission (Notice the repeating FEIN record elements.)

HDR~123123123123123~MyPass12~A4~R8.0~29494658~07232003~~JohnSmith~\n
AART~1~E~\n
ESUBJ~ORGANIZATION NAME~123 FIRST ST.~~ANYTOWN~PA~~17777~~396~~N~\n
OENAM~OTHER ORGANIZATION NAME~\n
SSN~000112222~222334444~\n
ITIN~\n
POO~OFFICERLN~OFFICER FN~OFFICER MN~~OFFICER TITLE~\n
ESLN~PA987876~PA~\n
DEA~DEA 4565~\n
CLIA~\n
FDA~\n
FEIN~666666666~111111111~\n
NPI~\n
AFF~AFFILIATED ENTITY1~123 THIRD ST.~~ANYTOWN~PA~~17777~~500~~AFFILIATED ENTITY 2~ADDRESS1~ADDRESS 2~CITY~WA~~98765~~600~~\n
MEDICAREP~\n
CAAR~7950000029494655~MEDICAL REPORTING AGENCY~49.99~07012003~07032003~S~5~5~Y~TEXT DESCRIPTION~~~3202~~3203~~\n
APEAL~N~~\n
BACTN~H1~~\n
CERT~John Smith~Submitter~1234567890~1234~07232003~\n
ER~56-BA~\n
CUSE~\n
TRLR~\n

Sample 4B: State Licensure Correction Report on an Organization Subject - Response (Notice the repeating FEIN record elements.)

HDR~123123123123123~MyPass12~A4~R8.0~29494658~07232003~~JOHNSMITH~\n
 RSTA~7950000029494663~07232003~R~\n
 AART~1~E~C~07232003~07232003~N~~Y~N~Y~\n
 ESUBJ~ORGANIZATION NAME~123 FIRST ST.~ANYTOWN~PA~~17777~~396~~N~\n
 DEA~DEA 4565~~~~~\n
 ESLN~PA987876~PA~~~~~\n
 CLIA~~~~~\n
 OENAM~OTHER ORGANIZATION NAME~~~~~\n
 SSN~000112222~222334444~~~~~\n
 ITIN~~~~~\n
 FEIN~666666666~111111111~~~~~\n
 NPI~~~~~\n
 MEDICAREP~~~~~\n
 FDA~~~~~\n
 POO~OFFICERLN~OFFICER FN~OFFICER MN~OFFICER TITLE~~~~~\n
 AFF~AFFILIATED ENTITY1~123 THIRD ST.~ANYTOWN~PA~~17777~~500~~AFFILIATED ENTITY 2~ADDRESS1~ADDRESS
 2~CITY~WA~~98765~~600~~~~~\n
 CAAR~7950000029494663~MEDICAL REPORTING AGENCY~49.99~07012003~07032003~S~5~5~Y~TEXT DESCRIPTION~~~3202~~3203~~~~~\n
 APEAL~N~~\n
 BACTN~H1~~~~~\n
 PDCN~7950000029494655~\n
 RSDR~~~~~N~\n
 CERT~JOHN SMITH~SUBMITTER~1234567890~1234~07232003~\n
 RPOC~~~~~\n
 ESUPPL~~~~~\n
 ER~56-BA~\n
 CUSE~~~\n
 TRLR~\n

Sample 5A: Clinical Privileges Revision to Action Report on an Individual Subject - Submission

HDR~399700000039130~MyPass12~A7~R8.0~29494629~07232003~~JohnSmith~\n
 AART~3~I~\n
 ISUBJ~DOE~JOHN~~SR.~M~123 MAGNOLIA DRIVE~~SOMETOWN~TN~~44444~~SOMETOWN EMERGENCY CLINIC~~123 LOCUST
 STREET~~SOMETOWN~TN~~44444~~07151954~Y~07222003~\n
 ALIAS~\n
 SSN~987654321~\n
 GRAD~SCHOOL 1~1982~\n
 ISOFL~642~~87876~TN~~\n
 DEA~DEA1234~DEA21345~DEA456787~\n
 CAAR~7950000029494625~~~~07212003~07212003~~~~~Action restored. Terms completed.~~1680~~\n
 BACTN~\n
 CERT~John Smith~Submitter~1234567890~123~07232003~\n
 ER~ER#45677~\n
 CUSE~\n
 TRLR~\n

Sample 5B: Clinical Privileges Revision to Action Report on an Individual Subject - Response

HDR~399700000039130~MyPass12~A7~R8.0~29494629~07232003~~JOHNSMITH~\n
 RSTA~7950000029494630~07232003~R~\n
 AART~3~I~R~07232003~07232003~Y~~N~Y~N~\n
 ISUBJ~DOE~JOHN~~SR.~M~123 MAGNOLIA DRIVE~~SOMETOWN~TN~~44444~~SOMETOWN EMERGENCY CLINIC~~123 LOCUST
 STREET~~SOMETOWN~TN~~44444~~07151954~Y~07222003~\n
 DEA~DEA1234~DEA21345~DEA456787~~\n
 ISOFL~642~~87876~TN~~~~~\n
 GRAD~SCHOOL 1~1982~~~~~\n
 ALIAS~~~~~\n
 SSN~987654321~~~~\n
 CAAR~7950000029494630~~~~07212003~07212003~~~~~ACTION RESTORED. TERMS COMPLETED.~~1680~~~~~\n
 BACTN~~~~~\n
 PDCN~7950000029494625~\n
 RSDR~~~~~N~\n
 CERT~JOHN SMITH~SUBMITTER~1234567890~123~07232003~\n
 RPOC~~~~~\n
 ISUPPL~~~~~\n
 ER~ER#45677~\n
 CUSE~~\n
 TRLR~\n

Sample 6A: Health Plan Revision to Action Report on an Organization Subject - Submission

HDR~123123123123123~MyPass12~A7~R8.0~29494665~07232003~~JohnSmith~\n
AART~4~E~\n
ESUBJ~ORGANIZATION NAME~321 ELM STREET~~XVILLE~WA~~99999~~393~~~\n
OENAM~ALTERNATE ORGANIZATION NAME~\n
SSN~123123123~\n
ITIN~9238324943~\n
POO~OFFICERLAST~OFFICERFIRST~OFFICERMIDDLE~~OFFICERTITLE~\n
ESLN~NO LICENSE~~\n
DEA~DEA797659569~\n
CLIA~\n
FDA~9879~5454~7658~9879~1234~3333~\n
FEIN~344443444~455545554~\n
NPI~\n
AFF~AFFILATED ENTITY~ADDRESSONE~ADDRESSTWO~CITY~WA~~99999~~999~OTHER RELATIONSHIP DESCRIPTION~\n
MEDICAREP~\n
CAAR~7950000029494656~Medical Reporting Entity~~07232003~07232003~~~~Y~Reinstatement Complete and Final~~~3990~~\n
APEAL~N~~\n
BACTN~\n
CERT~John Smith~Submitter~1234567890~~07232003~\n
ER~AB8769876~\n
CUSE~\n
TRLR~\n

Sample 6B: Health Plan Revision to Action Report on an Organization Subject - Response

HDR~123123123123123~MyPass12~A7~R8.0~29494665~07232003~JOHNSMITH~\n
RSTA~7950000029494666~07232003~R~\n
AART~4~E~R~07232003~07232003~N~Y~N~Y~\n
ESUBJ~ORGANIZATION NAME~321 ELM STREET~XVILLE~WA~99999~393~\n
DEA~DEA797659569~\n
ESLN~NO LICENSE~\n
CLIA~\n
OENAM~ALTERNATE ORGANIZATION NAME~\n
SSN~123123123~\n
ITIN~9238324943~\n
FEIN~344443444~455545554~\n
NPI~\n
MEDICAREP~\n
FDA~9879~5454~7658~9879~1234~3333~\n
POO~OFFICERLAST~OFFICERFIRST~OFFICERMIDDLE~OFFICERTITLE~\n
AFF~AFFILIATED ENTITY~ADDRESSONE~ADDRESSTWO~CITY~WA~99999~999~OTHER RELATIONSHIP DESCRIPTION~\n
CAAR~7950000029494666~MEDICAL REPORTING ENTITY~07232003~07232003~Y~REINSTATEMENT COMPLETE AND FINAL~3990~\n
APEAL~N~\n
BACTN~\n
PDCN~7950000029494656~\n
RSDR~N~\n
CERT~JOHN SMITH~SUBMITTER~1234567890~07232003~\n
RPOC~\n
ESUPPL~\n
ER~AB8769876~\n
CUSE~\n
TRLR~\n

Sample 7A: AAR Void Report on an Individual Subject - Submission

HDR~39970000039130~MyPass12~A6~R8.0~29494629~07232003~~JohnSmith~\n
PDCN~7950000029494630~\n
SIS~DOE~JOHN~~SR.~\n
CERT~John Smith~Submitter~1234567890~123~07232003~\n
CUSE~\n
TRLR~\n

Sample 7B: AAR Void Report on an Individual Subject - Response

HDR~39970000039130~MyPass12~A6~R8.0~29494629~07232003~~JOHNSMITH~\n
RSTA~7950000029494634~07232003~R~\n
SIS~DOE~JOHN~~SR.~\n
PDCN~7950000029494630~\n
CERT~JOHN SMITH~SUBMITTER~1234567890~123~07232003~\n
RPOC~~~~~\n
CUSE~~~\n
TRLR~\n

Sample 8A: AAR Void Report on an Organization Subject - Submission

HDR~123123123123123~MyPass12~A5~R8.0~29494665~07232003~~JohnSmith~\n
PDCN~7950000029494666~\n
SES~ORGANIZATION NAME~XVILLE~WA~~\n
CERT~John Smith~Submitter~1234567890~~07232003~\n
CUSE~\n
TRLR~\n

Sample 8B: AAR Void Report on an Organization Subject - Response

HDR~123123123123123~MyPass12~A5~R8.0~29494665~07232003~~JOHNSMITH~\n
RSTA~7950000029494669~07232003~R~\n
SES~ORGANIZATION NAME~XVILLE~WA~\n
PDCN~7950000029494666~\n
CERT~JOHN SMITH~SUBMITTER~1234567890~~07232003~\n
RPOC~~~~~\n
CUSE~~\n
TRLR~\n

Sample 9A: AAR Notice of Appeal Report on an Individual Subject - Submission

HDR~123123123123123~MyPass12~A9~R8.0~29494621~07232003~JohnSmith~\n
PDCN~7950000029494623~\n
SIS~ABAGNALE~FRANCIS~W~JR.~\n
APEAL~Y~07222003~\n
CERT~John Smith~Submitter~1234567890~1234~07232003~\n
CUSE~\n
TRLR~\n

Sample 9B: AAR Notice of Appeal Report on an Individual Subject - Response

HDR~123123123123123~MyPass12~A9~R8.0~29494621~07232003~JOHNSMITH~\n
RSTA~7950000029494633~07232003~R~\n
AART~9~I~I~07232003~07232003~N~Y~N~Y~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR.~M~123 FIFTH AVENUE~ANYWHERE~NH~02222~ANYTOWN FAMILY PRACTICE~365~123 FOURTH
STREET~ANYWHERE~ME~01111~04011968~N~\n
DEA~~~~~\n
ISOFL~010~78999~KY~25~030~12345~KY~D6~010~87686896~CO~05~~~~~\n
GRAD~UNIVERSITY1~1990~UNIVERSITY2~1995~UNIVERSITY3~1997~~~~~\n
ALIAS~ABAGNALE~FRANK~~~~~\n
SSN~000112222~111223333~\n
ITIN~~~~~\n
FEIN~987654321~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
AFF~AFFILIATE 1~ONE FRANKLIN SQ.~ANYCITY~CT~01111~~~~~\n
CAAR~7950000029494623~MEDICAL REPORTING AGENCY~25~06202003~07012003~S~2~2~Y~DESCRIPTION OF ACTS OR OMISSIONS~1518~~~~~\n
APEAL~Y~07222003~\n
BACTN~A4~A5~~~~~\n
PDCN~\n
RSDR~07202003~Y~SUBJECT STATEMENT~Y~\n
CERT~JOHN SMITH~SUBMITTER~1234567890~1234~07232003~\n
RPOC~~~~~\n
ISUPPL~07252003~DOE~JOHN~~~~~\n
ER~\n
CUSE~\n
TRLR~\n

Sample 10A: AAR Notice of Appeal Report on an Organization Subject - Submission

HDR~123123123123123~MyPass12~A8~R8.0~29494658~07232003~JohnSmith~\n
 PDCN~7950000029494663~\n
 SES~ORGANIZATION NAME~ANYTOWN~PA~\n
 APEAL~Y~07222003~\n
 CERT~John Smith~Submitter~1234567890~1234~07232003~\n
 CUSE~\n
 TRLR~\n

Sample 10B: AAR Notice of Appeal Report on an Organization Subject - Response

HDR~123123123123123~MyPass12~A8~R8.0~29494658~07232003~JOHNSMITH~\n
 RSTA~7950000029494668~07232003~R~\n
 AART~1~E~C~07232003~07232003~N~Y~N~Y~\n
 ESUBJ~ORGANIZATION NAME~123 FIRST ST.~ANYTOWN~PA~17777~396~N~\n
 DEA~DEA 4565~\n
 ESLN~PA987876~PA~\n
 CLIA~\n
 OENAM~OTHER ORGANIZATION NAME~\n
 SSN~000112222~222334444~\n
 ITIN~\n
 FEIN~666666666~111111111~\n
 NPI~\n
 MEDICAREP~\n
 FDA~\n
 POO~OFFICERLN~OFFICER FN~OFFICER MN~OFFICER TITLE~\n
 AFF~AFFILIATED ENTITY1~123 THIRD ST.~ANYTOWN~PA~17777~500~AFFILIATED ENTITY 2~ADDRESS1~ADDRESS
 2~CITY~WA~98765~600~\n
 CAAR~7950000029494663~MEDICAL REPORTING AGENCY~49.99~07012003~07032003~S~5~5~Y~TEXT DESCRIPTION~3202~3203~\n
 APEAL~Y~07222003~\n
 BACTN~H1~\n
 PDCN~7950000029494655~\n
 RSDR~N~\n
 CERT~JOHN SMITH~SUBMITTER~1234567890~1234~07232003~\n
 RPOC~\n
 ESUPPL~\n
 ER~56-BA~\n
 CUSE~\n
 TRLR~\n

Sample 11A: Sample Rejected AAR Initial Individual Report - Submission

HDR~123123123123123~MyPass12~A4~R8.0~29494626~07232003~JohnSmith~\n
AART~5~I~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~123 FIFTH AVENUE~ANYWHERE~NH~02222~ANYTOWN FAMILY PRACTICE~365~123 FOURTH
STREET~ANYWHERE~ME~01111~04011968~N~\n
ALIAS~ABAGNALE~FRANK~\n
SSN~000112222~111223333~\n
ITIN~\n
GRAD~UNIVERSITY1~1990~UNIVERSITY2~1995~UNIVERSITY3~1997~\n
ISOFL~010~78999~KY~25~030~12345~KY~D6~020~87686896~CO~05~\n
DEA~DEA66666~\n
FEIN~987654321~\n
NPI~111111111~\n
UPIN~\n
AFF~AFFILIATE 1~ONE FRANKLIN SQ.~ANYCITY~CT~01111~\n
CAAR~7950000029494624~MEDICAL REPORTING AGENCY~07042003~07052003~S~1~1~N~SAMPLE DESCRIPTON~1500~\n
APEAL~Y~07202003~\n
BACTN~64~\n
CERT~John Smith~Submitter~1234567890~07232003~\n
ER~Claim#456321~\n
CUSE~\n
TRLR~\n

Sample 11B: Sample Rejected AAR Initial Individual Report - Response

HDR~123123123123123~MyPass12~A4~R8.0~29494626~07232003~JOHNSMITH~\n
RSTA~7950000029494635~07232003~F~52~\n
AART~5~I~\n
ISUBJ~ABAGNALE~FRANCIS~W~JR~M~123 FIFTH AVENUE~ANYWHERE~NH~02222~ANYTOWN FAMILY PRACTICE~365~123 FOURTH
STREET~ANYWHERE~ME~01111~04011968~N~\n
DEA~DEA66666~\n
ISOFL~010~78999~KY~25~030~12345~KY~D6~020~87686896~CO~05~\n
GRAD~UNIVERSITY1~1990~UNIVERSITY2~1995~UNIVERSITY3~1997~\n
ALIAS~ABAGNALE~FRANK~\n
SSN~000112222~111223333~\n
ITIN~\n
FEIN~987654321~\n
NPI~111111111~\n
UPIN~\n
AFF~AFFILIATE 1~ONE FRANKLIN SQ.~ANYCITY~CT~01111~\n
CAAR~7950000029494635~MEDICAL REPORTING AGENCY~07042003~07052003~S~1~1~N~SAMPLE DESCRIPTON~1500~\n
APEAL~Y~07202003~\n
BACTN~64~\n
PDCN~7950000029494624~\n
CERT~JOHN SMITH~SUBMITTER~1234567890~07232003~\n
ER~Claim#456321~\n
CUSE~\n
TRLR~\n

APPENDIX A - DISCLAIMER

Terms and Conditions: The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) make this ICD available as a courtesy to assist authorized clients who have unique operating requirements.

- A. No warranty or guarantee of any type is implied or intended for the use of ICDs by the ICD user or its customers. Should there remain any latent faults in the ICD, or for any other reason, the ICD user will not hold or attempt to hold the Data Bank(s) or individuals associated with them responsible for damages of any type resulting from its use.
- B. The Data Bank(s) make no commitment, and none shall be inferred by the ICD user or its customers, for providing any technical support or other assistance or consultation whatsoever regarding the modification, installation, use, maintenance, or operation of software produced by the ICD user to produce transaction files as described in the ICD.
- C. Any ICD user is prohibited from identifying its product as sanctioned or authorized by the Data Bank(s). The ICD user is required to inform its customers that the Data Bank(s) do not sanction or authorize any software, other than software produced by the NPDB or the HIPDB, that produces transaction files as described in the ICD.
- D. The ICD user agrees to indemnify and hold harmless the Data Bank(s) in the event that one of its customers obtains a judgment as a result of any use of the ICD user's software.

Definitions:

- **ICD** – The Interface Control Document that provides information about the format, structure, and content of electronic transaction files for processing by the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB).
- **ICD user** – Any individual or organization that implements software to produce transaction files as described in the ICD, either for its own use or to provide to NPDB or HIPDB entities.
- **NPDB entity** – Any entity that is authorized to query or report to the NPDB, pursuant to 42 U.S.C. §11101, *et seq.*, the *Health Care Quality Improvement Act of 1986*.
- **HIPDB entity** – Any entity that is authorized to query or report to the HIPDB, pursuant to 42 U.S.C. §1301, *et seq.*, as amended by Sections 201 and 205, the *Health Insurance Portability and Accountability Act of 1996*.
- **Customer** – Any NPDB or HIPDB entity to whom the ICD user provides application software and support for electronic querying and/or reporting to the NPDB-HIPDB.

APPENDIX B - RULES OF BEHAVIOR

All individuals that have access to obtain information from and report information to the NPDB-HIPDB system must comply with the following conditions:

B.1 Ownership

This system is the property of the U.S. Department of Health and Human Services, Health Resources and Services Administration and is for authorized users only. The system is for official NPDB-HIPDB business only. Unauthorized access or use of this system may subject violators to criminal, civil and/or administrative penalties.

B.2 Responsibilities

Individual users are provided with a unique user ID and initial password to access this system. You are responsible for maintaining the integrity of and are held accountable for everything done using your user ID and password. No other person, including those at the NPDB-HIPDB Customer Service Center has access to your password. Passwords shall not be shared with others. If password security is suspected to be compromised you agree to change the password immediately, and notify the NPDB-HIPDB Customer Service Center.

Information and activities associated with the NPDB-HIPDB system shall not be false, inaccurate or misleading; violate any law, statute, ordinance or regulation; and contain any viruses or any malicious code that may damage, detrimentally interfere with, surreptitiously intercept, or expropriate any system, data, or personal information. "Information" is defined as any information you provide to the NPDB-HIPDB System in the course of using this system. "Activities" is defined as any process of interacting with the NPDB-HIPDB system.

B.3 Confidentiality

The system contains personal information protected under the provisions of the Privacy Act of 1974, 5 USC Section 552a. Violations of the provisions of the Privacy Act may subject the offender to criminal penalties.

Information reported to the NPDB and the HIPDB is confidential and shall not be disclosed except as specified in the NPDB and HIPDB regulations. The HHS OIG has the authority to impose civil money penalties on those who violate the confidentiality provisions of NPDB and/or HIPDB information. Persons or entities that receive information either directly or indirectly are subject to the confidentiality provisions specified in the NPDB regulations at 45 CFR Part 60 and the imposition of a civil money penalty of up to \$11,000 for each offense if they violate those provisions. When an authorized agent is designated to handle NPDB-HIPDB queries, both the entity and the agent are required to maintain confidentiality in accordance with the federal statutory requirements.

B.4 Intrusion Detection

The system is maintained for the U.S. Government. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in federal court.

Individuals using this system are subject to monitoring of those activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of

criminal activity, system personnel may provide the evidence obtained by such monitoring to law enforcement officials. Moreover, for system security purposes and to ensure that the system is used for legitimate purposes by authorized, registered users, we collect information concerning the use of this system e.g. data you view and alter. We employ software programs to monitor traffic, and to identify unauthorized attempts to view and/or change information, or otherwise cause damage to the system. Information from these sources may be used to help identify an individual(s) in the event of authorized law enforcement investigation, and pursuant to any required legal process.

B.5 Violation of Rules of Behavior

In the event it is suspected that you have not complied with these rules of behavior your account will be frozen, resulting in denial of all access to the system; and criminal, civil and/or administrative action may be taken.

Use of the NPDB-HIPDB system signifies acknowledgement and understanding of the responsibilities and agreement to comply with the Rules of Behavior for the NPDB-HIPDB system.